| cle XIII, Section 12 of the Wisconsin Cor | nstitution and S.9.10 of the Wisconsin State | utes.   |  | · · · · · · · · · · · · · · · · · · ·  |
|---|--|---|--|--|
| THE MUNICIPALITY USED FOR MAILING         | PURPOSES, WHEN DIFFERENT THAN MUNICIPALI     | TY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUN                           | ICIPALITY OF RESIDENCE MUST ALWAY                                  | S BE LISTED.                           |
| PRINTED NAMES OF ELECTORS                 | SIGNATURES OF ELECTORS                       | STREET & NUMBER OR RURAL ROUTE<br>Rural address must also include box or fire no. | VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village) | DATE OF SIGNING                        |
| Hannah Nell                               | Homeh neel                                   | street: 312 N. Broom St #3  City: Madison zip: 53703                              | Town Utillage Madison  | 11 /15/2011<br>(Month) (Day) (Year)    |
| RICHARD S RUSSELL                         | Tehand Sasol                                 | Street: 2542 KENDALL AV #2<br>City: MADJ 50N W1 5370 5p-3736                      | Town Village MADISAN   | 11 /15/20//<br>(Month) (Day) (Year)    |
| Roberta JFORREST                          | Robert Ju                                    | street: 37/2 Stone Ridge Or<br>city binesy UU W zip: 53548                        | Town Village City Ones V   | [ [ ] ] 20_[] [Month] (Day) (Year)     |
| Kathryn L. Nelso                          | Kathryn L. Delson                            | Street: 507 W. Wi Sion #607 City: Madison, WII; 53703                             | Town Uvillage City  Madiso   | (\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ |
| Alexandra Richter                         | Mymbe &                                      | Street: 1123 & Dayton St Apt C<br>City: Madigan zip: 53703                        | Town Village Madlson   | (Month) (Day) (Year)                   |
| Caleb Mayer                               | Colla  | Street: 123 E DAYTON ST ARC<br>City: Madison zip:53703                            | Town Village Mad SO A  | (1 /15/20/(<br>(Month) (Day) (Year)    |
| Leif Jackson                              | Sif Jak                                      | Street: 522 N. Picknay St. Apt. 21  City: Madison zip: 53703                      | Town Village Madison   | // // // // // // (Month) (Day) (Year) |
| John Voselsans                            |  | Street: 444 w daty st  City: Mad son zip: 53763                                   | Town Village City Con  | 115/2011<br>(Month) (Day) (Year)       |
| LANDEN HEUVEL                             | allay  | Street: 2903 Waconia LN City: MIDDLETON Whip: 53567                               | Town Village PCity MIDDLETON                                       | 15/2011<br>(Month) (Day) (Year)        |
| 0.  |  | Street: City: Zip:  | ☐ Town ☐ Village ☐ City  | / /20                                  |
| y III Anninia                             | Certification of                             |   | City a Ma  | dison                                  |
| Name of Circular                          |  | fy): I reside at 709 E Johnson  | d Number) City of 110  |  |

|          | l .   | !   | 1  |   | LCπy                       | (Month) (Day) (Year)   |
|----------|---|---|--|---|----------------------------|--|
| - 1      | •   |   | City:  | Zip:  |                            | (Nomin) (Day) (Tear)   |
|          | A   | Certification   | of Circulator  |   |                            |  |
| [, _     | Katlin Annuzo   | , (сег  | rtify): I reside at  | Johnson   | City                       | 1 of Modison   |
|          | · (Name of Circui   | lator)  | (Circulator's R  | esidence – Street name and                                      |                            | (Circulator Municipality)  |
| pe<br>he | ersonally circulated this recall petition and personally obt-<br>paper with full knowledge of its content on the date indic | ained each of the signatures on this paper. I know that cated opposite his or her name. I know their respective | t the signers are electors of the jurisdiction re residences given. I support this recall pe | or district represented by the tition. I am aware that falsifyi | officeholder named in this | s petition. I know that each person signed ishable under \$.12.13(3)(a). Wis. Stats. |
|          | 11 / 15 /20 //  | Les a   |  |   |                            | Page No. (Official Use Only)   |
| _        | (Month) (Day) (Year)  |   | (Signature of Circulator)  |   | ·                          | # 1801   |
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| THE MUNICIPALITY USED FOR MAILING     | PURPOSES, WHEN DIFFERENT THAN MUNICIPALI | TY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUN                           | ICIPALITY OF RESIDENCE MUST ALWAYS                                 | DELICTED                                   |     |
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| PRINTED NAMES OF ELECTORS             | SIGNATURES OF ELECTORS                   | STREET & NUMBER OR RURAL ROUTE<br>Rural address must also include box or fire no. | VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village) | DATE OF SIGNING                            |     |
| lancuitates"                          | Val. (C. O. W.) A.                       | street: 1002 Spring St. Apt M   | □ Town □ Village ☑ City □ MONUSDN                                  | 11 /15/2011<br>(Month) (Day) (Year)        | Ema |
| tre switcuski                         | Kutti gilituuru                          | city: Madison, zip: 53715   | □ Town   |  | Ema |
| nargy Lumbert                         | Natte Gentulski                          | City: Middleton Zip: 53562  | Village Middleton  | 11/15/20 <u>11</u><br>(Month) (Day) (Year) | Pho |
| 2 Navala                              | 1100                                     | Street: 1014 Drake St   | Town Village Madisa  | 11 /15/2011                                | Ema |
| lyon Alexander                        | Transfer Land                            | city: Madison zip: 55745  |  | (Month) (Day) (Year)                       | Ema |
| litchel Wallace                       | MARINE                                   | street: 1820 Keyes Ave<br>city: Madison zip: 53711                                | U Town U Village City  Madison                                     | 11 / 15/20_11<br>(Month) (Day) (Year)      | Pho |
| Jesus salas                           | Guzni Salar                              |   | Town Village City  Mulubulal                                       | 11/15/2011                                 | Ema |
| 7 -003 Dalas                          | Jugue ou ou                              | City: M. DwArkel Wife 53207   |  | (Month) (Day) (Year)                       | Ema |
| ·                                     | $\mathcal{O}$                            | Street: City: Zip:  | ☐ Town ☐ Village ☐ City  | / /20<br>(Month) (Day) (Year)              | Pho |
|                                       |  | Street:   | □ Town □ Village   | / /20                                      | Ema |
|                                       |  | City: Zip:  | □ City   | (Month) (Day) (Year)                       | Pho |
|                                       |  | Street:   | □ Town □ Village   | / /20                                      | Ema |
| · · · · · · · · · · · · · · · · · · · |  | City: Zip:  | □ City   | (Month) (Day) (Year)                       | Em  |
|                                       |  | Street:   | □ Town<br>□ Village<br>□ City                                      | / /20                                      | Pho |
|                                       |  | City: Zip:  |  | (Leasy) (Leasy)                            | Ema |
|                                       |  | Street:   | □ Town □ Village □ City  | / /20                                      | Pho |
|                                       | Certification of                         | City: Zip:  | -  |  |     |

|                               | Street: City:  | Złp:   | ☐ Town ☐ Village ☐ City  | / /20<br>(Month) (Day) (Year) |
|-------------------------------|--|--|--|-------------------------------|
| Bothany Ordaz                 | Certification of Circulato   | 13 Cavendish Ct.   | . Madie  | 50M                           |
|                               | ator)  ined each of the signatures or this paper, I know that the signers are elected ated opposite his or her name. I know their tespective residences given. I see | (Circulator's Residence - Street name and ors of the jurisdiction or district represented by the | d Number) (Circulator of officeholder named in this petition. I know |                               |
| (Month) / (Day) / 20 / (Year) | Signature of C   | (irculator)  | Page No.<br>#_/8   | (Official Use Only)           |
|                               |  | <b>₹</b>   | I  |                               |

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to

| PRINTED NAMES OF ELECTORS               | SIGNATURES OF ELECTORS | STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no. | VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village) | DATE OF SIGNING                    |
|---|------------------------|--|--|------------------------------------|
| Kevin Reid-Aice                         | 11/1                   | Street: 901 Lexing for Way  City: Wannaker WI zip: 44 5381                     | 7 City Wauna Kee   | 11/16/20/1<br>(Month) (Day) (Year) |
|   |                        | Street:  City: Zip:  | ☐ Town ☐ Village ☐ City  | / /20<br>(Month) (Day) (Year)      |
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|   |                        | Street:  City: Zip:  | ☐ Town ☐ Village ☐ City  | / /20(Month) (Day) (Year)          |
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| - 11-11-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1 |                        | City: Zip:  Street:  City: Zip:  | ☐ Town ☐ Village ☐ City  | / /20(Month) (Day) (Year)          |
|   |                        | Street:  | ☐ Town ☐ Village ☐ City  | / /20<br>(Month) (Day) (Year)      |
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|   |                        | City: Zip:  City: Zip:   | □ Town □ Village □ City  | / /20(Month) (Day) (Year)          |
| )EREMY SAWSEN                           |                        | n of Circulator ertify): I reside at ZZW Maneock St                            | #201 Made  |                                    |

(Year)

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Comm

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to

I,

(Month)

(Day)

(Year)

| PRINTED NAMES OF ELECTORS | SIGNATURES OF ELECTORS | STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no. | VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village) | DATE OF SIGNING                      |             |
|---------------------------|------------------------|--|--|--------------------------------------|-------------|
| Likas Howery              | 1445                   | _street: \$10 w. Olin are  City: Madison zip: \$7715                           | □ Town □ Village City  | 11 /10 /20 M<br>(Month) (Day) (Year) | Email Phone |
|                           |                        | Street:  City: Zip:  | ☐ Town ☐ Village ☐ City  | //20                                 | Email Phone |
|                           |                        | Street:  City: Zip:  | ☐ Town ☐ Village ☐ City  | //20(Month)_(Day) (Year)             | Email Phone |
|                           |                        | Street: City: Zip:   | ☐ Town ☐ Village ☐ City  | / /20<br>(Mouth) (Day) (Year)        | Email Phone |
|                           |                        | Street: City: Zip:   | □ Town □ Village □ City  | / /20<br>(Month) (Day) (Year)        | Email Phone |
|                           |                        | Street: City: Zip:   | ☐ Town ☐ Village ☐ City  | / /20                                | Email Phone |
|                           |                        | Street: City: Zip:   | □ Town □ Village □ City  | / /20                                | Email Phone |
|                           |                        | Street: City: Zip:   | ☐ Town ☐ Village ☐ City  | //20                                 | Email Phone |
|                           |                        | Street: City: Zip:   | ☐ Town ☐ Village ☐ City  | / /20                                | Email Phone |
|                           |                        | Street: City: Zip:   | □ Town □ Village □ City  | / /20(Month) (Day) (Year)            | Email Phone |
| Maura TV (Name of Circul  | -acy, (ce              | n of Circulator ertify): I reside at Circulator's Residence - Street name ar   | ockst#3 ctty   | of Mach                              | So Virgul   |

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors

| THE MUNICIPALITY USED FOR MAILING | G PURPOSES, WHEN DIFFERENT THAN MUNICIPAL | LITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MU                       | NICIPALITY OF RESIDENCE MUST ALWAY  VOTING                  | S BE LISTED.              |
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| PRINTED NAMES OF ELECTORS         | SIGNATURES OF ELECTORS                    | STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no. | MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village) | DATE OF SIGNING           |
| REDERICK 13. WADE                 | Frederich B. Wards                        | Street: 1121 WELLESLEY ROAD  City: MADISON, WI Zip: 53765                      | Town SHORE WOOD  City HILLS,  WI                            | (Month) (Day) (Year)      |
| John Magnino                      | Frederich B. Ward.                        | Street: 16 Langdon St<br>City: Madison Zip: 53703                              | □ Town □ Village ☑*City  Madison                            | (Month) (Day) (Year)      |
|                                   |   | Street: City: Zip:   | ☐ Town ☐ Village ☐ City                                     | / /20                     |
|                                   |   | Street: City: Zip:   | ☐ Town ☐ Village ☐ City                                     | / /20(Month) (Day) (Year) |
|                                   |   | Street:  City: Zip:  | ☐ Town☐ Village☐ City                                       | (Month) (Day) (Year)      |
|                                   |   | Street:  City: Zip:  | ☐ Town ☐ Village ☐ City                                     | / /20(Month) (Day) (Year) |
|                                   |   | Street:  City: Zip:  | ☐ Town ☐ Village ☐ City                                     | / /20                     |
|                                   |   | Street:  City: Zip:  | ☐ Town ☐ Village ☐ City                                     | / /20                     |
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|                                   |   | City: Zip:  City: Zip:   | ☐ Town ☐ Village ☐ City                                     | / /20(Month) (Day) (Year) |
| aitlia Annunio                    |   | rtify): I reside at  | Coty of Modi  |                           |

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats. (Signature of Circulator)

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

| THE MUNICIPALITY USED FOR MAILING | PURPOSES, WHEN DIFFERENT THAN MUNICIPALI | TY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUN                        | IICIPALITY OF RESIDENCE MUST ALWAYS                                | BE LISTED.                                |                       |
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| PRINTED NAMES OF ELECTORS         | SIGNATURES OF ELECTORS                   | STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no. | VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village) | DATE OF SIGNING                           |                       |
| 1.<br>MARIA E. BARRAGAN           | Releparagan                              | Street: 6710 Elmwood AU?<br>City: MIDDLE FOM WI Zip: 53562                     | Town Utillage City Middle for                                      | /////20//<br>(Month) (Day) (Year)         | Email<br>MEA<br>Phone |
| Jim Kerr                          | Din Kerr                                 | Street: 2005 Madison St<br>City: Madison Wi zip:537//                          | Town Village Made 500  | // //5/20 // (Year)                       | Email<br>Phone        |
| Jane Schug                        | Smy                                      | Street: 3000 Rothmore Lh<br>City: Fitchburg W/ zip: 53711                      | Town Utillage City Fitchburg                                       | ///5/20//<br>(Month) (Day) (Year)         | Email Phone           |
| Eric Wallin                       | 2 Dalli                                  | street: 5325 Manitowoc Parking   | Town Usillage Madison  | /15/20   1                                | Email<br>Phone        |
| s.<br>ZangVang                    |  | Street: 6796 Depot  City: Windsy zip: 53598                                    | Town City Willage  | (Month) (Day) (Year)                      | Email<br>Phone        |
| 6.<br>Stephanie Costella          | Barn Os                                  | city: Medison zip: 53719   | Town Village, Fitchberg  | (Month) (Day) (Year)                      | Email Phone           |
| Christopher McGeorge              | Mutather Meyers                          | street: 1150 E Washington Ave<br>city: Madizn zip: 53703                       | Town Village Madison   | ///5/20 <u>[/</u><br>(Month) (Day) (Year) | Email                 |
| 8. Niels A Jorgensen              | Maldym                                   | Street: 1150 E Washington Ave  City: Madizon Zap: 63403                        | □ Town □ Village ☑ City Ma dison                                   | // /15/20/11<br>(Month) (Day) (Year)      | Phone                 |
| Frank Pourvelle                   | Francis & Ponwells                       | Street: 2220 MONROE  City: MADISON WI Zip: 53711                               | □ Town □ Village ☑ City MOTH SW                                    | // /5/20//<br>(Month) (Day) (Year)        | Email<br>£v<br>Phone  |
| Jennifer Kallias                  | gniz Kallias                             | Street: 5460 Caldis Bend #201<br>City: Fitchburg W1 zip: 53711                 | Town Village FI+Chlowy   | 11 /15/2011<br>(Month) (Day) (Year)       | Email<br>Phone        |
| SUSAN RO                          | Certification of Court                   |  | 53HI MADIS   |   |                       |

|    |              |                      | City:   | romanny (             | N   zip: 0 > 111            |               |               |                    |
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|    |              | 0                    | Certification of Cir  | cculator              |                             |               |               |                    |
| I, | ARUC         | 1 Kobbins            | , (certify): I r  | reside at <u>2005</u> | MACLISON ST                 | 53H1          | MADIS         | Los                |
|    |              | (Name of Circulator) | w <sup>t</sup>  | (Circulator           | r's Residence – Street name | e and Number) | (Circulator M | Aunicipality)      |
|    |              |                      | e signatures on this paper. I know that the signe<br>is or her name. I know their respective residenc |                       |                             |               |               |                    |
|    | 11 1 15      |                      | Jusa  | mature of Circulator) | 10                          | ,             | Page No. (0   | Official Use Only) |
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|    |              |                      |   |                       |                             |               |               |                    |

Circulators

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To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

| THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED. |                        |  |  |  |             |  |  |  |
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| PRINTED NAMES OF ELECTORS  | SIGNATURES OF ELECTORS | STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no. | VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village) | DATE OF SIGNING                          |             |  |  |  |
| 1. JOHN LOMBARO O  | D-                     | Street: 2102 WEST LAUN ME City: WARPLOOP Zip: 5571 1                           | Town Uvillage City  MANJON   | /1)/20 <u>11</u><br>(Month) (Day) (Year) | Email Phone |  |  |  |
| 2. Sherry Severson   | SSS                    | street: 6417 Headota aver  City: Middletan zip: \$3500                         | Town Cillage Middleton   | 11 / 15 / 20 11 (Month) (Day) (Year)     | Email Phone |  |  |  |
| 3. Kelky Burd-Huss   | Kelly M. Bud Has       | street: 5708 Restal St<br>City: Fitchburg zip: 53711                           | Town Village Fitchburg   | // /5/2d1<br>(Month) (Day) (Year)        | Phone       |  |  |  |
| Kathleen<br>Fletemeye  | Kathleen               | Street: 7/18 Country wood In   | Town Village Madison   | // /15/20//<br>(Month) (Day) (Year)      | Phone (     |  |  |  |
| Goldschmidt  | acilianit              | street: 926 Spaight Apt Z<br>City: Madison, WIZIP: 63763                       | Town Village Madison   | //5/20 <u>1</u><br>(Month) (Day) (Year)  | Phone (     |  |  |  |
| 5 John R. Sweeney  | hno                    | City Fitch hurg zip: 53711   | Town F, thhory   | (1 //5 /20 1)<br>(Month) (Day) (Year)    | Phone (     |  |  |  |
| Ben Bisher   | Bon Billings           | city: Madison zip: 53711   | Town Village Madrson   | (Month) (Day) (Year)                     | Phone (     |  |  |  |
| 8.<br>CAROLYN KALLENBOR  | v Carp Kill            | Street: 4318 ODANA RD City: MADISON WI Zip: 53711                              | Town U Village City  MAN 153.                                      | ///5/20//<br>(Month) (Day) (Year)        | Phone (     |  |  |  |
| "Karan Fayzi   | far ga                 | Street: 31 N. Hancock St. #322<br>City: Madison, WI zip: 93703                 | Town Utilage City  Fitchbutg                                       |  | Email Phone |  |  |  |
| TAMES M. DAVIS   | This                   | Street: 208 N- FEWST City: MADISON WI Zip: 53703                               | Town Village MADISON   | (Month) (Day) (Year)                     | Email Phone |  |  |  |
| C  | Certification of       | of Circulator  | 53711  | -  |             |  |  |  |
| Such a Dahla   | No.                    | 2005 MAd-01 cf   | MAdie  | 1  |             |  |  |  |

Circ<u>ulators</u>

Phone

Email SVS

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| THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED. |                        |   |  |   |             |   |  |
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| PRINTED NAMES OF ELECTORS  | SIGNATURES OF ELECTORS | STREET & NUMBER OR RURAL ROUTE<br>Rural address must also include box or fire no. | VOTING<br>MUNICIPALITY OF RESIDENCE<br>(Indicate Town, City, or Village) | DATE OF SIGNING                             |             | С |  |
| 1. Vasilis Kallias   | free                   | Street: SHOO CADDIS BEND#201<br>City: Fitchburg W1 zip: 53711                     | Town Village Fithburg  | [   | Email Phone |   |  |
| James Beal   | James Benl             | Street: 3630 CRSS S+ City: Madison WT zip:537//                                   | Town Village MAMSON  | 11 /15/20 <u>/1</u><br>(Month) (Day) (Year) | Phone (     |   |  |
| 3. Christini Gud   | in Chillander          | Street: 4530 Pawnel Pass<br>City: Harrichburg zip:5371)                           | Town Village City  | 11 /15/2011<br>(Month) (Day) (Year)         | Phone (     |   |  |
| Bridgette Baldwin  | Budgette Bald          | street: 1328 Drake street  City: Madison, WI zip: 53715                           | Town Village Madison   | 11/15/20 <u>11</u><br>(Month) (Day) (Year)  | Email Phone |   |  |
| Christine Swoogy   | Chit Sungy             | Street: 1428 Vilas Ave  City: Madison zip: 53711                                  | Town Village City  Mad Son   | // //5/20<br>(Month) (Day) (Year)           | Email Phone |   |  |
| Laylin Flores  | Jaylu Flores           | street: 3045 Straton way  City: Madison, WI zip: 53719                            | Town Village Maduson   | (Month) (Day) (Year)                        | Email Phone |   |  |
| Laura Bañuelos   | Laura Banuelos         | street: 714 Western Ave.  City: Madison, WI zip: 53711                            | Town Village Madison   | 11 /15/20 11<br>(Month) (Day) (Year)        | Email Phone |   |  |
| s.<br>Sylvia García  | Lylvia Gascía          | City: Madison, WI zip: 53711  | Town Village Madison   | 11/15/2011<br>(Month) (Day) (Year)          | Email Phone |   |  |
| 9. /   |                        | Street:  City: Zip:   | ☐ Town ☐ Village ☐ City  | / /20(Month) (Day) (Year)                   | Email Phone |   |  |
| 10.  |                        | Street: City: Zip:  | □ Town □ Village □ City  | / /20(Month) (Day) (Year)                   | Email Phone |   |  |
| 0  | Certification (        | of Circulator   | νν )   |   |             |   |  |

|      | Sylvia García  | Sylvia García  | Street: 114 WESTE                             | VI Zip: 53711 | Village Mad                   | 00 No. 1                  | // / / / / 20 // (Month) (Day) (Year) | Phone ( )       |
|------|--|--|---|---------------|-------------------------------|---------------------------|---------------------------------------|-----------------|
|      | 9. /   |  | Street:                                       |               | ☐ Town ☐ Village              |                           | / /20                                 | Email           |
|      |  |  | City:   | Zip:          | ☐ City                        | (                         | (Month) (Day) (Year)                  | Phone ( )       |
|      | 10.  |  | Street:                                       |               | ☐ Town ☐ Village              |                           | · / ·/ <sub>20</sub>                  | Email           |
|      |  |  | City:   | Zip:          | ☐ City                        | (                         | (Month) (Day) (Year)                  | Phone ( )       |
|      |  | Certification  | on of Circulator                              |               |                               |                           | <u>.</u>                              |                 |
| [, _ |  |  | (certify): I reside at 2005                   |               |                               | MAdis                     |                                       | Circulators, pi |
|      | Name of Circustrean (Name of Circustrean and personally of circulated this recall petition and personally of | btained each of the signatures on this paper. I know | that the signers are electors of the jurisdic |               | ne officeholder named in t    |                           | t each person signed                  | Phone           |
| he j | paper with full knowledge of its content on the date ind   |  |   | - '           | ving this certification is pu | ,                         |                                       | Email           |
|      | $\frac{I}{\text{(Month)}} / \frac{I5}{\text{(Day)}} / \frac{20 \text{ l}}{\text{(Year)}}$                    | <u> </u>   | (Signature of Circulator)                     | <u> </u>      |                               | Page No. (Office   4 1808 | cial Use Only)                        | 40214           |
|      |  |  |   | @ man = 9     |                               |                           |                                       | 3013            |
|      |  |  |   |               |                               |                           |                                       |                 |

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

| le XIII, Section 12 of the Wisconsin Cor | nstitution and S.9.10 of the Wisconsin Statu | utes.  |  |  |                |
|--|--|--|--|--|----------------|
| THE MUNICIPALITY USED FOR MAILING        | PURPOSES, WHEN DIFFERENT THAN MUNICIPALI     | TY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUN                        | ICIPALITY OF RESIDENCE MUST ALWAY  | S BE LISTED.                               |                |
| PRINTED NAMES OF ELECTORS                | SIGNATURES OF ELECTORS                       | STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no. | VOTING<br>MUNICIPALITY OF RESIDENCE<br>(Indicate Town, City, or Village) | DATE OF SIGNING                            |                |
| · Daniel J. Dar                          | Caniel & Our                                 | Street: 804 Liberty Dr. City: DeForeyt   zip: 53532                            | □ Town  Salvillage □ City  | (Month) (Day) (Year)                       | Email<br>Phone |
| Michael Noto                             | michael F. Noto                              | Street: 1840 SUMMIT City: MUDISON Zip: 53726                                   | □ Town □ Village  ☑ City   | (Month) (Day) (Year)                       | Email<br>Phone |
| Alice Bestul                             | alex Bestut                                  | Street: 540 W, Olin Ave #259 City: Madison zip: 53715                          | ☐ Town ☐ Village Stry  |  | Phone          |
| BUNDON TOWARDS                           | al Wated                                     | Street: GH CRETURN DR. City: MAD TON, WI Zip: 53716.                           | □ Town<br>□ Village<br>☑ City  | (Month) (Day) (Year)                       | Phone          |
| Lory Anstorage                           | Sor anstul                                   | Street: WIYOBE SELWOOD De. City: PRAIRIE OUSTE, 153578                         | ☐ Pown ☐ Village ☐ City  | (Month) (Day) (Year)                       | Phone          |
| RANDY TAYLOR                             | 1/1  | Street: 7299 WILDURN OF<br>City: SUN PRIKIE Zip: 53596                         | Ocity Brig Low   | (Month) (Day) (Year)                       | Phone          |
| Deborah A. White                         | Debush of While                              | Street: 2/3 CENTER AVE.  City: MT. HOREB W. Zip: 53572                         | □ Town Skyillage □ City  MT. HOREB                                       | (Month) (Day) (Year)                       | Phone          |
| DUI ARD DRYAL                            | Edward Degan                                 | Street: 405 ELUSIDE BUDD  City: WHADISOD Zip: 53704                            | ☐ Town ☐ Village ☐ City  | 11/16/20 <u>11</u><br>(Month) (Day) (Year) | Phone          |
| atherer Borne                            | Bonne  | Street: 4314 Delo lou C. Civ. Loss Plains Zip. 55528                           | Down<br>(☐ Village<br>☐ City   | (Month) (Day) (Year)                       | Phone          |
| ) oannetairbotham                        | Joannefailait                                | Street: 118 N. Brooks Street apte<br>City: Madison, W1 21p: 53715              | ☐ Town ☐ Village SACity  | 11 /16/2011<br>(Month) (Day) (Year)        | Phone          |
|  | V Certification (                            | of Circulator  | MI   |  |                |

| City Con Ticula Zip: 253 28   |  |
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|   | Town   1 /16/2013   En   |
| 1 core of a significant of many and book line local   | Village (Month) (Day) (Year)   |
|   |  |
| Certification of Circulator   | * A 1  |
| , John Miscoll, (certify): I reside at 911 E Johnson Apt.   | #1 Madison   |
| (Name of Circulator) (Circulator's Residence – Street name and  | Number) (Circulator Municipality)  |
| personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the one he paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying | fficeholder named in this petition. I know that each person signed g this certification is punishable under S.12.13(3)(a), Wis. Stats. |
|   | Page No. (Official Use Only)   |
| (Month) (Day) (Year) (Signature of Circulator)  | # <u>1809</u> !  |
|   |  |

Circulators, ple
Phone
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Email

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To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return by Ja

Committee to PO Box 2569

| THE MUNICIPALITY U                                    | ISED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALIT<br>THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS   |   |   | Madison, Wi                          |
|---|---|---|---|--------------------------------------|
| NAME & SIGNATURES OF ELECTORS                         | STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.  | NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village) | DATE OF SIGNING                                 | CONTA                                |
| 1. Print: Lindo L Roberts Sprint Lindo L Roberts      | Street: 1309-W13 STrect City: Brotheod, WI zip: 53520   | Town Village City  Brodhead (Municipality Name)                                 | // /5/20/1<br>(Month) (Day) (Year)              | Phone ( )                            |
| Print: Marga Ly Tong Pao Sign: Marga                  | Street: 211 Bay View  City: Madism zip: 537/5   | Town Village  City  (Municipality Name)   | // //5/20 <u>//</u><br>(Month) (Day) (Year)     | Phone ( )                            |
| Sten: FIEDERIKE T. HOFFMANN Sten: Fiedwith T. Hoffman |   | MTown □ Village □ City  AUBION TOWNSHIP (Municipality Name)                     | ( / / 5 / 20 <u>   </u><br>(Month) (Day) (Year) | Email Phone                          |
| sign: Jill M. Lewz                                    | street: 2809 Star Crest Trail   | Town   Village   City   BRISTOL (Municipality Name)                             | 11 /15/20 <u>11</u><br>(Month) (Day) (Year)     | Email Phone                          |
| Sign: Jan Roserace Sign: Jan Roserace                 | Street: 5309 Brookshire Care  City: Madeson zip: 53714  | Town Village City  (Municipality Name)  | // //5/20 <u>//</u> (Month) (Day) (Year)        | Phone ( )                            |
|   | Certification of Circulator  (Certify): I reside at 630 Payalan Way  (Circulator's Residence – Street Name and Nu   | ·   | . ,,  | Circulators, Please include your con |
|   | otained each of the signatures on this paper. I know that the signers are elector<br>paper with full knowledge of its content on the date indicated opposite his or<br>is punishable under S.12.13(3)(a), Wis. Stats. |   |   | ( )                                  |

Page No. (Official Use Only)

Return by Jan To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Committee to Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes. PO Box 2569 Madison, WI 5 THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED. NAME OF VOTING NAME & SIGNATURES OF ELECTORS STREET & NUMBER OR RURAL ROUTE MUNICIPALITY OF RESIDENCE CONTAC DATE OF SIGNING Rural address must also include box or fire no. (Also Indicate Town, City, or Village) Email ☐ Village Street: 630 Poplar Way City Verona Phone (Municipality Name) Email ☐ Town □ Village City Phone Email □ Town □ Village City Phone Email Town ☐ Village □ City Phone (Municipality Name) Email □ Town □ Village City Phone **Certification of Circulator** 

(Printed Name of Circulator), (certify): I reside at 630 Paylu Way
(Circulator's Residence - Street Name and Number) I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats,

Circulators. Please include your contact

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Committee PO Box 25

| THE MUNICIPALITY I                             | JSED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALIT<br>THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS |   | i <del>li</del> ne ii — in ii — ii   | Madison, V                       |
|--|---|---|--------------------------------------|----------------------------------|
| NAME & SIGNATURES OF ELECTORS                  | STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.                                      | NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village) | DATE OF SIGNING                      | CON                              |
| Print Shannon Rupert                           | street: 9 Schenk St.  | □ Town □ Village  >**City**   | 11/15/2011                           | Email                            |
| sign: Shanar hypt                              | chy. Madison zh. 53714  | (Municipality Name)   | (Month) (Day) (Year)                 | (                                |
| 2. Print John Rourke                           | 11000 BLTSS ST PO 153   | ☐ Village ☐ City  | 11 /15/ <sub>20</sub> 11             | Email                            |
| Sign:  | Bluemounds WI 53517   | Blue Mound (Municipality Name)  | (Month) (Day) (Year)                 | Phone (                          |
| sufmy Wink                                     | Birect: 654 E. Mifflinst Apt I  | □ Town □ Village □ City  (Municipality Name)                                    | /// /5/20//_(Month) (Day) (Year)     | Email Phone                      |
| 4. Print Lipaa Norton                          | city: Madisun wt 7/19: 53703  | □ Town □ Village  |                                      | Email                            |
| sign: Minda Nothor                             | City: Madi 800 219: 53703   | Mad Sty (Municipality Name)   | (Month) (Day) (Year)                 | Phone                            |
| 5. Print: Heather Imhoff  Sign: Geather Imhoff | Street: 11064 Monroe St. Apt. F   | Town Village City  Mad Soy (Municipality Name)                                  | 11 /15/20 11<br>(Month) (Day) (Year) | Email Phone                      |
|  | Certification of Circulator   |   | <u> </u>                             |                                  |
| I, KOLMAN<br>(Printed Name of Circulator)      | (certify): I reside at <u>1030 Poplar Way</u><br>(Circulator's Residence – Street Name and Nu                       | mber) \(\begin{array}{c} \text{VONA} \\ (Circulator Munic                       | cipality)                            | Circulators, Please include your |

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

Phone

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return by Committee
PO Box 25

| THE MUNICIPALITY I                         | JSED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALTI<br>THE NAME OF THE MUNICIPALTTY OF RESIDENCE MUST ALWAY: | TY OF RESIDENCE, IS NOT SUFFICIENT.<br>S BE LISTED.                             |  | Madison,         |
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| NAME & SIGNATURES OF ELECTORS              | STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.                                      | NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village) | DATE OF SIGNING                            | co               |
| 1. Print: PENNY ROLLINS sign: Lemy Rolling | Street: 648 SPRUCE CIRCLE  City: VERONA Zap. 53593  | Town Village City ELONA (Municipality Name)                                     | / 1 /15/20 1 \ (Month) (Day) (Year)        | Fenny Phone      |
| Print: Reymond Pollins  Sign: Nay Pala     | Street: 648 SPIVE CICLE  City: Verong zip: 53593  | □ Town □ Village ☑ City  UPYON (Municipality Name)                              | 11 /15/20 1/<br>(Month) (Day) (Year)       | Email Phone      |
| 3. Wendy Lycas  Sign: Wendy June           | our Madism 219:53719  | Town Village Starting  MadiSm (Municipality Name)                               | // //5/20 <u>/</u><br>(Month) (Day) (Year) | Email Phone      |
| 4. V                                       | Street: City: Zip:  | ☐ Town ☐ Village ☐ City  (Municipality Name)                                    | //20(Month) (Day) (Year)                   | Email Phone      |
| 5. Print:                                  | Street: City: Zhp:  | ☐ Town ☐ Village ☐ City  (Municipality Name)                                    | //20(Month) (Day) (Year)                   | Email Phone      |
| Emily Kolman                               | Certification of Circulator (certify): I reside at 630 Poplar way   | Veron   |  | Circulators.     |
| (Printed Name of Circulator)               | (Circulator's Residence – Street Name and No  | umber) (Circulator Mun  | icipality)                                 | Please include y |

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|          | 1           | Return by Janus<br>Committee to R<br>PO Box 2569<br>Madison, WI 53 |
|----------|-------------|--|
| G        |             | CONTACT  |
| L        |             | Email Phone  |
| <u> </u> | -           | Email  |
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| /        |             | Email Phone  |
| <u>'</u> |             | Email Phone  |
|          | Cir<br>Plea | culators,<br>se include your contact in<br>Phone                   |

| THE MUNICIPALITY U                            | SED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALIT<br>THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS   |   |                                     | Madison, WI 53                                    |
|---|--|---|-------------------------------------|---|
| NAME & SIGNATURES OF ELECTORS                 | STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.   | NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village) | DATE OF SIGNING                     | CONTACT   |
| 1. Prost Dorothy Omdahl Storetty Omdahl       | street: 2627 Van Hise Ase au: Madison zu: 53708  | Town Village City  Mad/Son (Municipality Name)                                  | 11 16/20/1<br>(Month) (Day) (Year)  | Phone ( )   |
| Decotto fulton                                | SDED SUNRISE RIDGE TIZ   | Town SAT STORY OF THE CONTROL (Municipality Name)                               | (Modula) (Day) (Year)               | Phone (   |
| sen Kay Onchen                                | 5399 Blue Billack De aug. Warnaher W. 20:53597   | Town Uvillage City  Wellfaut (Mynicipality Name)                                | (Month) (Day) (Year)                | Phone   |
| A. Steven Dold Steven Dold                    | Street 5802 BASKerville Water Middleton WI5356   | Town Village Deity Muddleton (Municipality Name)                                |                                     | Phone ( )   |
| 5. Vicki Swedish                              | 5348 Baskerville Walk<br>Middleton, W153562  | Town Village City Middlet on (Municipality Name)                                | // //b/2044<br>(Mouth) (Day) (Year) | Phone ( )   |
| TUDITH A TUTLE ( (Printed Name of Circulator) | Certification of Circulator Certify): I reside at Circulator's Residence - Street Name and Number 1  | <del></del>   |                                     | Circulators, Please include your contact in Phone |
|   | tained each of the signatures on this paper. I know that the signers are elector aper with full knowledge of its content on the date indicated opposite his or less punishable under S.12.13(3)(a). Wis. Stats.  (Signature of Circulator) |   | en. I support this                  | ( ) Email   |

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return by Janu
Committee to R

Committee to R PO Box 2569 Madison, WI 53

| THE MUNICIPALITY U            | SED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALIT<br>THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS  |   |  | 1 11 10 10 11 11 10 10 10 10 10 10 10 10               |
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| NAME & SIGNATURES OF ELECTORS | STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.  | NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village) | DATE OF SIGNING                                | CONTACT  |
| Jesald Swedish                | street 5740 Borskerville Walk   | O'United States (Municipality Name)   |  | Email Phone  |
| son Susan D. Ward             | street: 5735 ROOSEVEH ST  au: Middleton zu: 53562   | Town Village  City  Middleton  (Municipality Name)                              | 11 / 16 / 20 <u>11</u><br>(Month) (Day) (Year) | Phone  |
| som Douglas K. Ward           | cay: Middle fon 20, 53562   | Town Village City  Mussleten (Municipality Name)                                | // // /20 <u>//</u> (Nonth) (Day) (Year)       | Phone  |
| son Kinda Baraz               | street 3208 Creek View Dr. # x  | Town Village Stiry Middleton (Municipality Name)                                | /0/16/20 <u>//</u> (Mosth) (Day) (Year)        | Phone  |
| 5. Print:                     | Street: City: Zip:  | ☐ Town ☐ Village ☐ City  (Municipality Name)                                    | / /20<br>(Month) (Day) (Year)                  | Phone ( )  |
| (Printed Name of Circulator)  | Certification of Circulator  certify): I reside at Circulator's Residence - Street Name and Nur  tained each of the signatures on this paper. I know that the signers are elector | nber) (Circulator Munic   | cipality)                                      | Circulators,<br>Please include your contact i<br>Phone |

recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stati

(Day)

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To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

|   | 1 | Return by Janu<br>Committee to R<br>PO Box 2569<br>Madison, WI 53 |
|---|---|---|
| 3 |   | CONTACT   |
|   |   | Email   |
| - |   | Phone (   |
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| THE MUNICIPALITY U                                 | SED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALIT<br>THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS |   |  | Madison, WI 53                        |
|--|--|---|--|---------------------------------------|
| NAME & SIGNATURES OF ELECTORS                      | STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.                                     | NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village) | DATE OF SIGNING                          | CONTACT                               |
| sen: Robert P. Tutte                               | Street: 1806 Laurel Crest  City: McDison 24:53705  | ☐ Town ☐ Village ☐ Sity  (Municipality Name)                                    | 1( /15/20 <u>//</u> (Month) (Day) (Year) | Phone ( )                             |
| 2. Print: SHIPLEY FUNK Sign: Slim Sh               | City: MCD BON 24: 53705  Street: 1802 HICKDRY DRIVE  City: MAD 1900 24: 53705                                      | □ Town □ Village  ★City  MOISON  (Municipality Name)                            | ///5/20//_<br>(Month) (Day) (Year)       | Email Phone                           |
| Sten: Nancy E. BARKLAGE<br>Sten: Nancy C. Bonklage |  | □ Town □ Village  ★City  (Municipality Name)                                    | 11 / 15 / 20 / 1 (Month) (Day) (Year)    | Phone                                 |
| Step worth a Tuttle                                |  | Town Village City (Municipality Name)   | // //5 20 // (Month) (Day) (Year)        | tuttle n<br>chart<br>Phone<br>(618)23 |
| 5. Print: TEREA J WELCH Sten: Dece Julier          | street: 5602 Laurel Court  aty: Madison 24: 53705  | Town Village City (Municipality Name)   | /  | Email Phone                           |
| I JUDITHAJUTLE                                     | Certification of Circulator (certify): I reside at 1806 LAUREL OR  | BY CITY FADIS   | DN                                       | Circulators                           |

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

(Circulator's Residence - Street Name and Number)

(Printed Name of Circulator)

(Circulator Municipality)

Circulators, Please include your contact in

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott

| Walker from office pursuant to Article XIII, | Section 12 of the Wisconsin Constitution and S.9.10 of the  | Wisconsin Statutes.   |  | PO Box 2569 |
|--|---|---|--|-------------|
| THE MUNICIPALITY                             | USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALI<br>THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAY | TY OF RESIDENCE, IS NOT SUFFICIENT.<br>S BE LISTED.                             |  | Madison, WI |
| NAME & SIGNATURES OF ELECTORS                | STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.                                    | NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village) | DATE OF SIGNING                          | CONTA       |
| 1. Print: Jon Burman                         | street: 6909 chester dr unit A  | ☐ Town ☐ Village  City  | tr /25/2234                              | Email       |
| Sign:  | City Madison Zip 53719  | Municipality Name)  | 1) /15/20 <u>11</u> (Month) (Day) (Year) | Phone ( )   |
| Print Garry Burman                           | Street: 70 White Daly Lagi  | ☐ Town ☐ yillage ☐ City   | 1//15/20.11                              | Email       |
| Sign — T                                     | city: M.dijii zip: 537/1  | (Municipality Name)   | (Month) (Day) (Year)                     | Phone ( )   |
| 3. Le Myone L. Olson                         | Street: 5910 Bafgar St.   | Town  | PRR<br>11/15/2011                        | Email       |
| Sign: The gre L. alson                       | city. Mc Farland 211: 5\$ 558   | (Municipality Name)   | (Month) (Day) (Year)                     | Phone ( )   |
| 4. THOMAS LEYER                              | Street: 508 FROST WOODS RD  | ☐ Town ☐ Village  □ City  | / /aa .                                  | Email       |
| Sign: My                                     | City: MONONA Zip: 537/6   | (Municipality Name)   | // /5/20/1<br>(Month) (Day) (Year)       | Phone ( L ) |
| 5. Print: Aileen Swan Sign: Aileen Swan      | Street: 1418 Delaware Blvd.   | □ Town □ Village  City  | 11/1/2011                                | Email       |
| Sign: Ailcon Swan                            | 727   | (Municipality Name)   |  | Phone       |

RONALD R RUZICKA, (certify): I reside at 3352 Brugger Pl
(Printed Name of Circulator) (Circulator's Residence - Street Name and Number)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. State

(Month)

Return by J Committee t

Circulators, Please include your c Phone

| THE MUNICIPALITY USED FOR MAILING | PURPOSES, WHEN DIFFERENT THAN MUNICIPALI | TY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUN                        | ICIPALITY OF RESIDENCE MUST ALWAYS                                 | BE LISTED.                              |                |
|-----------------------------------|--|--|--|---|----------------|
| PRINTED NAMES OF ELECTORS         | SIGNATURES OF ELECTORS                   | STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no. | VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village) | DATE OF SIGNING                         |                |
| Tizabeth Reagan                   | alusbeth Reagan                          | Street: 5407 North Pas<br>City: McFarland W1 zip: 53558                        | Village McFarland  |   | Email<br>Phone |
| ames T. Boshers                   | James I Busher                           | Street: 6504 SCHNEIDER PLACE City: Mcfanlang, WI Zip: 53858                    | Town City Mchanlang  | M/15/201/<br>(Month) (Day) (Year)       | Email<br>Phone |
| TERRUNCES. Phillips               | Two Des                                  | street: 63(8 Everglade C+<br>City: McFA-land zip: 53558                        | Drown Willage City McFAcland                                       | /\/\15\/20/\   (Month) (Day) (Year)     | Email<br>Phone |
| Todd D. Lane                      | Told D. Come                             | Street: 1122 PHTMA PC City: MANIGAN W. 21p: 537/3                              | □ Town □ Village  SCity  MANISON                                   | // /5/20// P                            | Email<br>Phone |
| Pat Meissen                       | Pat Mersoen                              | Street: 5304 Black Walnut City: McFarland WI zip: 53558                        | Town Willage Mc Farland  | // /5/20// P                            | Email<br>Phone |
| AMPLES TO WEDERIND                | Charle Willen                            | City of Farant Wir Zip 53558   | City Jum   | // 5/20   P                             | Phone          |
| Justin Verholst                   | Allt                                     | City: Mc Farland, VI zip: 53558  | □ Town  Village □ City  Mc F-land                                  | //5 /20_1(<br> (Month) (Day) (Year)   P | Email<br>Phone |
| MRK SOREUSEN                      | mark I Soensen                           | Street 5520 SEVEN DR. CIOMOGARLAND ZID:53558                                   | Town Town City  Town  Town  Town                                   | (Month) (Day) (Year)                    | Email<br>Phone |
| -15a Fernan                       | Lisa & Fernan                            | street: 5304 Wild (Nerry LA<br>City: Mc Farland zip: 53558                     | Town Willage Mc Farland  | 11 /15/2011<br>(Month) (Day) (Year)     | Email<br>Phone |
| nellie Gillette                   | Shellis Milets                           | street: 5712 Black Walnut city: McFarland 21053568                             | Down Village City Con  | 11 /15/2011                             | Email<br>Phone |

| I. 100064D 1 1000  | (certify): I reside at $\sqrt{3}$  | 0000 G 13/00m/na - 10 V E   |
|--|--|---|
| (Name of Circulator)   | (Circulator's Residence – Street nam   |   |
| I personally circulated this recall petition and personally obtained eac | ch of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented | by the officeholder named in this petition. I know that each person signed  |
| the paper with full knowledge of its content on the date indicated opp   | posite his or her name. know their respective residences give. I support this recall petition. I am aware that fa    | alsifying this certification is punishable under S.12.13(3)(a), Wis. Stats. |
| 11 1 15 12021  | Kml Kkito  | Page No. (Official Use Only)  |
| (Month) (Day) (Year)   | (Signature of Circulator)  | # 1818  |
|  | @\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\   | 11  |

Circulators, pl

Phone

Email

| THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED. |                        |  |  |  |             |             |  |
|--|------------------------|--|--|--|-------------|-------------|--|
| PRINTED NAMES OF ELECTORS  | SIGNATURES OF ELECTORS | STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no. | VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)   | DATE OF SIGNING                              |             | CC          |  |
| 1. Marilyn Rueaking  | Marilyn Rucking        | Street: 6002 Lake St. City: MaFarland : zip: 53558                             | Town SVillage McFarland City   | 11 /15/20 1/<br>(Month) (Day) (Year)         | Email Phone |             |  |
| Sue Boshers  | Sw Bosc                | Street: 6504 Schneider Pl.  City: McFarbad zip: 53558                          | □ Town  Strillage □ City  McFas land   | // //5/20 <u>//</u> (Month) (Day) (Year)     | Phone (     |             |  |
| Jennifer Pampuch   | Jenner Panpuch         | street: 4602 VOYOF WAY City: MOIOISON zip: 53718                               | Town Village MODISON   | 11 /15/2011<br>(Month) (Day) (Year)          | Phone (     |             |  |
| *Robert Clenkin  | Poled Cliken           | Street: 5308 HOUGH ST<br>City: MCFaV (and zip: 53558                           | Town City Mc Favland   | ( / (5/20] (Month) (Day) (Year)              | Phone (     |             |  |
| 5.<br>STEPHEN ARONSON  | Stephen annun          | Street: 5304 BLACK WALNUT DR.  | Town  Town  City  City  The Control of the Control  The Control of the Control of the Control  The Control of the Control  The Control of the Control of the Control  The Control of the Co | // / 5/20//<br>(Month) (Day) (Year)          |             | 1001<br>108 |  |
| 6. Voseph W<br>Laesen  | From the Juese         | Street 2 DI COUNTY HWY AB<br>City: McFax land, W Zip: 53558                    | Town Village City DUN  | 11 // S/20_1/<br>(Month) (Day) (Year)        | Phone (     |             |  |
| 7. MARSHAU SCHLICHTING   | Marthan                | Street: 5602 CARDINAL DR<br>City: MC FARLIND, WI zip: 53558                    | Drown City MCFARLAND   | 1 / 15/20 <u>   </u><br>(Month) (Day) (Year) | Phone (     | 'HL         |  |
| 8. MEDELEN   | Mederis                | Stree: 5387 MARINERS COVE<br>#3026 1500 WI Zip: 53704                          | North City WESTPORT  |  | Phone (     |             |  |
| " Juliettanen (  | Jule a Harsen          | street: 10006 Osborn Drive eity: McFarland zip: 53558                          | Town Village McFarland   | 15/2011<br>(Month) (Day) (Year)              | Phone (     |             |  |
| Ann Bruhn  | ann Bruhn              | street: 3758 Coachman Way city: Cross Plains zip: 53528                        | Town Village Middleton   | (Month) (Day) (Year)                         | Email Phone | <u> </u>    |  |
| Durin D Dur  | Certification          | of Circulator  |  |  |             |             |  |
| ラノ・ハ・ヘ ツ ン・ハー  | 10.00                  | SOFT R. W. O.  | 1 11 1 2 5 12  | 1-200100 (2)                                 | 10          |             |  |

| STEPHEN ARONSON  | scepeney.        | agroun                       | City: Mc FARLAND                        | W/ zip: 53558                      | City North                      | CAND (Month) (Day) (Ye                | ear)   Thome (608   |
|--|------------------|------------------------------|---|------------------------------------|---------------------------------|---------------------------------------|---------------------|
| 6. Voseph W  |                  | . 1                          | Street 297/COUNTY                       | . 4                                | <b>Ø</b> Town ☐ Village         | 11/15/20                              | 0Email Phone        |
| Laesen   | Jones 19         | Mese                         | City: McFaxland,                        | W zip: 53558                       | City DUN                        | (Month) (Day) (Yo                     | (ear)               |
| 7. MARSHAU SCHLICHTING   | 1 \$             | Port                         | Street: 5602 CARDI                      | •                                  | □ Town □ Village                | j ( / 15/20                           | 0]]   Email   MSCHE |
|  | Markey           | boch                         | City MC FARLAND,                        | WI zip: 53558                      | Ocity MOFAR                     | CAND (Month) (Day) (Yo                | (ear)               |
| 8.   | 1/1/1            | ,                            | Street: 5387 MAR                        | INDES COUE                         | Artown                          | P- 11 /15/20                          | Email               |
| MEDELARIS.   | KMede            | mis                          | Street: 5387 MAR<br>H3030 150N M        | )\ zip:53704                       | City City                       | (Month) (Day) (Yo                     | (ear)               |
| 9.   |                  | 1)                           | Street: 6006 Osbor                      | n Dhve                             | □ Town Village                  | 11/15/20                              | O I Email           |
| Duliettansen   | Silee G          | . Stawer                     | eity: McForland                         | zip: 53558                         | City McFar                      | and (Month) (Day) (Yo                 | Year) Phone (       |
| 10.  | M                | O A                          | Street: 3758 Ca                         | chman way                          | XTown □ Village                 | 11 1 11 /15/20                        | O//                 |
| Ann Bruhn  | Unn              | Bruhn                        | city: Cross Plains                      | zip: 53528                         | City N                          | leton (Month) (Day) (Y                | Phone (             |
|  | ,                | Certification                | of Circulator                           | _                                  |                                 | · ·                                   |                     |
| I RONALD R. RUZIC  | KA               | , (cer                       | tify): I reside at 3355                 | Brugger                            | Pl. TOWN                        | of Blooming                           | Grove               |
| (Name of Circulator I personally circulated this recall petition and personally obtained |                  |                              | (Circulator's                           | Residence – Street name and        | d Number)                       | (Circulator Municipality)             | Phone               |
| the paper with full knowledge of its content on the date indicated                       | opposite him her | ame. I know their respective | residences given. I support this recall | petition. I am aware that falsifyi | ng this certification is punish | hable under S.12.13(3)(a), Wis. State | ts. Email           |
| //_5/20  | <u> / S @</u>    | NE M                         | Karley                                  |                                    |                                 | Page No. (Official Use Only)          |                     |
| (Month) (Day) (Year)   |                  |                              | (Signature of Circulator)               |                                    | !                               | # 1819                                | 1                   |

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to

| = | THE MUNICIPALITY USED FOR MAILING | PURPOSES, WHEN DIFFERENT THAN MUNICIPALI | TY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUN                        | IICIPALITY OF RESIDENCE MUST ALWAYS                                | S BE LISTED.                           |       |
|---|-----------------------------------|--|--|--|--|-------|
|   | PRINTED NAMES OF ELECTORS         | SIGNATURES OF ELECTORS                   | STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no. | VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village) | DATE OF SIGNING                        |       |
|   | Katherine V. Hoel                 | Fatherine T. Hoel                        | Street: 2422 Woodland Rd. City: Me Farland WZ zip: 5358                        | Town Usuage City Dunn  | V1/15/20 <u>M</u> (Month) (Day) (Year) | Email |
|   | John A. Rim                       | LESS-N. Rice                             | City: Metarland WT zip: 52588  | Town Stillage City  Mctarland                                      | // /15/20//<br>(Month) (Day) (Year)    | Phone |
|   | Debral D'Melley<br>Joseph Mugar   | DalmLokkelley                            | Street: 6603 Meredeth way City McFarland W zip: 53558                          | Town City McFarland Town Village McFarland City McFarland          | // /5/20//(Year)                       | Email |
|   | Joseph Mugar                      | 5 Illus                                  | Street: 5601 Eighny Rd City: McFarland Zip: 53558                              | Town Village McFarland   | 11 / 15/20 11<br>(Month) (Day) (Year)  | Phone |
|   |                                   |  | Street: City: Zip:   | □ Town □ Village □ City  | / /20(Month) (Day) (Year)              | Phone |
|   |                                   |  | Street: City: Zip:   | □ Town □ Village □ City  | / /20                                  | Email |
|   |                                   |  | Street: City: Zip:   | ☐ Town ☐ Village ☐ City  | / /20                                  | Email |
|   |                                   |  | Street: City: Zip:   | ☐ Town ☐ Village ☐ City  | / /20(Month) (Day) (Year)              | Email |
|   |                                   |  | Street:  City: Zip:  | ☐ Town ☐ Village ☐ City  | / /20(Month) (Day) (Year)              | Email |
|   |                                   |  | Street:  City: Zip:  | ☐ Town ☐ Village ☐ City  | / /20(Month) (Day) (Year)              | Emai  |

| notherine V. Hoel  | Talherine Hoel   | city: Me Farland WZ zip: 5358                          | City Dunn  | (Month) (Day) (Year)   |
|--|--|--|--|--|
| all A Ri   | ESS-D. Rice  | Street: 5215 Cook St<br>City: Metarland WIT zip: 53588 | Town  Notice of the cland                        | // /15/20//<br>(Month) (Day) (Year)                          |
| Debral D'Melley  |  |  | Town City McFarland                              | // /5/20// (Month) (Day) (Year)                              |
| Dabral D'Melley<br>Joseph Mugan  | 5 Slling   | Street: 5601 Eighny Rd  City: McFarland Zip: 53558     | Exilore II Icalese                               | 11 / 15/20 11<br>(Month) (Day) (Year)                        |
| •  |  | Street:  City: Zip:                                    | ☐ Town<br>☐ Village<br>☐ City                    | / /20(Month) (Day) (Year)                                    |
|  |  | Street: City: Zip:                                     | ☐ Town ☐ Village ☐ City                          | / /20(Month) (Day) / (Year)                                  |
|  |  | Street:  City: Zip:                                    | ☐ Town ☐ Village ☐ City                          | / /20(Month) (Day) / (Year)                                  |
|  |  | Street: City: Zip:                                     | ☐ Town ☐ Village ☐ City                          | / /20(Month) (Day) (Year)                                    |
|  |  | Street: City: Zip:                                     | ☐ Town ☐ Village ☐ City                          | / /20(Month) (Day) (Year)                                    |
| 0.   |  | Street: City: Zip:                                     | ☐ Town ☐ Village ☐ City                          | / /20(Month) (Day) (Year)                                    |
| (Name of Circulated this recall petition and personally obtains with full knowledge of its content on the date indicates the content of the date indicates the date indicates the content of the date indicates the content of the date indicates the | lator) ained each of the signatures on this paper. I know that | of Circulator  ify): I reside at                       | ne officeholder named in this petition. I know t | Municipality) that each person signed .13(3)(a), Wis. Stats. |
| (Month) / 15 /20 (Year)  | - To am  | (Signature of Circulator)                              | Page No. (4<br># 182                             | Official Use Only)   |

| THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED. |                        |  |   |                                    |                 |  |
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| PRINTED NAMES OF ELECTORS  | SIGNATURES OF ELECTORS | STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no. | VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)  | DATE OF SIGNING                    | CO              |  |
| KENNETH BOYO   | Henry Boyl             | Street 3463 5:99 EL KON RO CHY 210:53598                                       | Viown BLOMIN9 Village G-ROVE City   | 11/6/2011<br>(Month) (Day) (Year)  | Email Phone     |  |
| Pesson Anderson  | Per-auten              | Street: 5325 Mersh Rd. City: Zip: 3>554  | Town Village Madison  | [1 /[5/20]<br>(Month) (Day) (Year) | Email Phone     |  |
| Logan Orderich   | La Code ven            | Street: 6207 Holscher Road  City: MeFarman zip: 53558                          | □ Town  Village □ City  M. Ferland  | 11 /15/20<br>(Month) (Day) (Year)  | Email Phone     |  |
| * Alex Bexter  | Uly Best               | Street: 5801 Black Walnut Dr.  City: Mctaran 21:53558                          | Octy Me Earland   | (Month) (Day) (Year)               | Phone ( )       |  |
| 5. Roger Goppett   | Roza Dorn              | street: 3786 Jane Ne Lane city: Cottago Grove zip: 53527                       | Trown Cottage Cottage   | (Month) (Day) (Year)               | Email Phone     |  |
| 6. DARLENE<br>BORCHERDING  | Narlene<br>Borcherding | Street: 2727TOWERRO City: MCFARLAND Zip: 53558                                 | Town O UNN City   | (Month) (Day) (Year)               | Phone ( )       |  |
| T. ERIC BREHM  | SM.B.                  | Street: 230 N PINER STREETS City: Mctariano, W/ Zip: 53558                     | ☐ Town Village ☐ City   | (Month) (Day) (Year)               | Email Phone ( ) |  |
| 8. Laic Beryn  | 1.M. 30                | Street: 230 N. RIVER ROAD  City: ENDEAVOR, WI Zip: 53930                       | □ Town □ City  City  Contact of the | // /5/20//<br>(Month) (Day) (Year) | Phone (608)     |  |
| "KEVIN TYLER   | Keun Tyler             | Street: 5400 WILD CHERRY LW.  City: MCTARLAND Zip: 53558                       | Town WCTARLAND  |                                    | Phone ( )       |  |
| NORMAN ANDERSON  | Toman Worken           | Street: 5325 MANSH PP, City: M. Farland W zip: 57558                           | Town Village Madison  | ///JJ20_//<br>(Month) (Day) (Year) | Email Phone     |  |
| 2  | Certification          | of Circulator  |   |                                    |                 |  |
| Tagy (traderso   | , (cert                | ify): I reside at 5325 Marsh Rd.   | Madisa  | 2,                                 | Circulators, p  |  |

| JI                          | (Name of Circulator)                                |   | (Circulator's Residence - Street name and Number)                    | (Circulator Municipality)                              |
|-----------------------------|---|---|--|--|
| I personally circulated thi | s recall petition and personally obtained each      | ch of the signatures on this paper. I know that the signers are elect | tors of the jurisdiction or district represented by the officeholder | named in this petition. I know that each person signed |
| the paper with full knowle  | edge of its content on the date indicated opp       | posite his of her name. I know their respective residences given. I   | support this recall petition. I am aware that falsifying this certif | ication is punishable under S.12.13(3)(a), Wis. Stats. |
| ti,                         | 15 $(20 t)$   | Tee Sales   |  | Page No. (Official Use Only)                           |
| (Month)                     | $\frac{1}{\text{(Day)}} / \frac{20}{\text{(Year)}}$ | (Signature of C   | Circulator)  | # 1821   |
|                             |   |   | <b>*************************************</b>                         | ii   |

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| Benjamin T Peterse               | Beyon T Aten                                | Street: 4701 Taylor Rd City: McForland Zip: 63558                              | Town Willage McForland   | ///5/20/1<br>(Month) (Day) (Year)        | Email<br>Phone |
| _ori Andersen                    | Ini andron                                  |  | Town Village Oreg  | 11 /13/20 <u>[[</u> (Month) (Day) (Year) | Phone          |
| Victoria Hansen                  | Villiam Hwam                                | Street: 5203 N Astumn Lane City: McFarland Zip: 53558                          | Town Willage McFarland   |  | Phone          |
| ielissa tubey                    | Meirsa Ombry                                | street: 5836 OSBOTA DL.  City: M. Fanand W. zip: 53558                         | Town City McFanand   | //S/20//<br>(Month) (Day) (Year)         | Phone          |
| Eugene Krinkex                   | Eyer Kill                                   | Street: 6067 Country walk  City: McForland WI Zip: 53558                       | Town Village City McFardard  | //////////////////////////////////////   | Email<br>Phone |
| Kathleen A. Helm                 | Kathlan a. Helm                             | Street: 540/ Marsh Rd City: McFarland por Zip: 53558                           | Trown Willage City McFarland                                       | 11 /15/20 11<br>(Month) (Day) (Year)     | Email<br>Phone |
| have Anderson                    | GM am                                       | Street: 5805 Glenward & City: Mcfafland zip: 53558                             | Town Village McCaplant   | 11 /15/2011<br>(Month) (Day) (Year)      | Email<br>Phone |
| Wendy Eccles                     | wendy Eccles                                | Street: 6205 Hawk Xing  City: McFarland Zip: 53558                             | Town Stillage McFarland  | 11 /15/2011<br>(Month) (Day) (Year)      | Email<br>Phone |
| ERRESASULLIVAN                   | Terresa Sulloan                             |  | Town City McFAPLAND  | (Month) (Day) (Year)                     | Email<br>Phone |
| Brenda France                    | 0 0   | street: 6307 Johnson St  | Town Village   | 11 /15 20/1<br>(Month) (Day) (Year)      | Email Phone    |

| ERRESA SULLIVAN Turesa Sullan Street: 6405 Pheasant Run Town Stillage City McFalland Zip, 53558 City McFalland (Month) (Day) (Year) | Phone ( )        |
|---|------------------|
| Brends France Brenda France City: MCF 20/1 21053558 Town Country (Month) (Day) (Year)   | Email Phone      |
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| PRINTED NAMES OF ELECTORS         | SIGNATURES OF ELECTORS                    | STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no. | VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village) | DATE OF SIGNING                        |             |
| SANDRA COLLINS                    | Spandra Collin                            | Street: 5800 Wisconsin St. #165 City: McFarland, zip: 53559                    | Town Village Mc Farland  | // 15/20_1<br>(Month) (Day) (Year)     | Email Phone |
| Gerald Collins                    | Gerald Callies                            | Street: 5800 Wisconsin St<br>City: Mc Farland zip: 53558                       | Town Stillage City Mc Farloud                                      | // /5/20<br>(Month) (Day) (Year)       | Email Phone |
| Kim Leier                         | Kin Zeier                                 | Street: 5800 Wisconsin St.  City: Mischard Zip 53558                           | Town  Kvillage City  City  Coty                                    | // 13/20//<br>(Month) (Day) (Year)     | Email Phone |
| Karen Mastonald                   | Low Mook andh                             | Street: 5704 Block Walnut City: McParlayel zip: Ut                             | Town Village City  Mc Fawlawe                                      | // //5/20//<br>(Month) (Day) (Year)    | Email Phone |
| thker ST. Onge                    | Kattleen & Onge                           | Street: 5/31 TAYLOR RTD  City: Mc Farland, WI zip: 53558                       | Town Styllage City/cfarland  | // //5/2011<br>(Month) (Day) (Year)    | Email Phone |
| ENNETH MERTENS                    | IL SIA SI                                 |  | Town BLOOMING City GROVE   | // //S/20//<br>(Month) (Day) (Year)    | Email Phone |
|                                   | Michelle & Roalch                         | Street: 720 Chailes LN city: Stoughton Wi zip: 53589                           | Town DUNN .  City  | // //5/20_//. (Month) (Day) (Year)     | Email Phone |
| TEVE ANNEN                        | Ston M. anne                              | Street: 5011 Falling Leaves LN City: McFreenand Zip-53558                      | Town Stillage Hefreemed  | // //5/20_[S<br>(Month) (Day) (Year)   | Email Phone |
| Marcia Gray                       | Marin & Thay                              | Street: 1611 Hammond Rd  | Trown Edgerto MRG Scirry MRG OunKirk                               | 11 /15 /20 11 (Month) (Day) (Year)     | Email Phone |
| Tricia Teeter                     | Dicio Such                                | Street: 4/02 Words Xing City: Mcfarby zip: 53558                               | Town Willage We farland  | \\\/\\\\/\\\\/\\\\\\\\\\\\\\\\\\\\\\\\ | Email Phone |

| TENNEIT MERIENS  | 5 Dunell Millow   | City: MCFARLAND                         | W Zip. 23558                       | l city                | GROVE                           | (Month) (Day) (Year)                 | ( )              |
|--|---|---|------------------------------------|-----------------------|---------------------------------|--------------------------------------|------------------|
| michelle Roatch  | michier Roalch  | Street: 720 Charle                      | es LN                              | 1.2                   | Dunn ·                          | // //5/20_//                         | Email Phone      |
|  |   | City: STOUGNTON IV                      | 1 zip: 53589<br>Leaves Ln          | □ Town                |                                 |                                      | Email ( )        |
| STEVE ANNEN  | Ston M. anne  | City: McFreenand                        | Zip: 53558                         | ✓ Village ☐ City      | 1 Freemod                       | // //5/20_13<br>(Month) (Day) (Year) | Phone ( )        |
| 9.   | Man 2 P   | Street: 1611 Hammon                     | l Rd                               | Town Uillage          | Edgerto MRG                     | 11 /15 /2011                         | Email            |
| Marcia Gray  | Marin & Tray  | city: Edgerton                          | zip: 53534                         | City MR6              | Dunkirk                         | (Month) (Day) (Year)                 | ( )              |
| Tricia Teeter  | 1   | Street: 4102 Words                      | 3 / /                              | □ Town Village   City | netarland                       | 11/15/20_11                          | Email Phone      |
| THE REPORT OF  | and and   | city: Mctarba                           | zip: 5355 §                        | City                  |                                 | (Month) (Day) (Year)                 | ( )              |
|  | Certification   |   |                                    | - 1                   | / .                             | 4                                    |                  |
| 1, Gerald Co   |   |   | Nisconsia S                        |                       | Mctarl                          |                                      | Circulators, ple |
| (Name of Circ I personally circulated this recall petition and personally of |   |   | Residence - Street name and        |                       | (Circulator M                   |                                      | Phone            |
| the paper with full knowledge of its content on the date in                  | dicated opposite his or her name. I know their respective | residences given. I support this recall | petition. I am aware that falsifyi | ng this certificat    | tion is punishable under S.12.1 | 13(3)(a), Wis. Stats.                | ()               |
|  | 1 Desile  | Collis                                  |                                    |                       | ,                               | fficial Use Only)                    | Email            |
| (Month) (Day) (Year  |   | (Signature of Circulator)               |                                    |                       | 1 age No. (0)                   | 2                                    | . 1              |
| (200)  | <b>,</b>  |   |                                    |                       | ; # <u>/0 &amp;</u>             | <u> </u>                             |                  |
|  |   |   | 9                                  |                       |                                 |                                      |                  |

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes,

| THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED. |                        |  |  |  |                         |  |  |
|--|------------------------|--|--|--|-------------------------|--|--|
| PRINTED NAMES OF ELECTORS  | SIGNATURES OF ELECTORS | STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no. | VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village) | DATE OF SIGNING                          | C                       |  |  |
| 1. Susan<br>Schmalin g   | Ensar & hmaly          | street: 6/11 Spring Pond Ct<br>City: M Farland W/ zip: 53558                   | Town Willage McFarland   | / S/2011<br>(Month) (Day) (Year)         | Email Schma Phone (608) |  |  |
| Miriam Harris  | M. Haris               | Street: 6107 Spring Pond Ct.   | Town We Faland .   | (Month) (Day) (Year)                     | Phone (box              |  |  |
| 3.<br>WDAND HARRIS   | Way-                   | Street: 6107 SPRING POUD CT<br>CHy: MCFARUAND ZIPS 3558                        | Town Whilage WCARLAND  | \(\frac{15}{2011}\) (Month) (Day) (Year) | Email Whorry Phone (60) |  |  |
| Jemi Ger Habour Anshan   | Geigh Hato Sauler      | Street: 640 Fox Pur City: Mariland zip: 53558                                  | Town Willage City  Metavland                                       | ///5/20 <u>)</u> (Month) (Day) (Year)    | Email Phone             |  |  |
| 5. Caroline Crink  | Carpacol               | Street: 9 Hower Ct City: Madisor Zip: 53718                                    | Town Village City Madiso~  | ///5/201/<br>(Month) (Day) (Year)        | Phone (                 |  |  |
| · Kathy Annen  | Kath Unen              | Ens Calling Lange La   | Town City M Farland  |  | Phone (                 |  |  |
| Sonja Erickson   | Sonja Criskson         | Street: 3424 CR-MN 53558 City: McFarland zip: WI                               | □ Village □ City □ DUNN  | 11 / 5/20 11<br>(Month) (Day) (Year)     | Phone (                 |  |  |
| nicole Wilson  | Nicole Wilso           | Street: 5405 Welling ton Circle City: McFarland W/ Zip: 53558                  | Town Village McFarland   | /15/20g <br>(Month) (Day) (Year)         | Email Phone             |  |  |
| Bruce Fischer  | Bruce Fishe            | 5209 Falling Leaves Lane City: McFarland, Wis. Zip: 53558                      | Town McFarland   | // //5 / 20 // (Month) (Day) (Year)      | Phone (                 |  |  |
| Cheryl Volden  | Cheryl Volden          | Street: 5425 Dennis Dr<br>City: Mc Falland WI zip: 53558                       | Town Stillage McFalland  | // /5/20/1<br>(Month) (Day) (Year)       | Email Phone             |  |  |
|  | Certification          | of Circulator  | 10 =   | , /                                      |                         |  |  |
| Carald Cil   | 1: 10                  | max all a - 1 acc  | S+ M.F.  | 1 - 1                                    |                         |  |  |

(certify): I reside at  $5800 \text{ W} \cdot 5 \text{ COUSIN}$ 11/C/a/1/a-vt (Name of Circulator) (Circulator's Residence – Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given, I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats. (Signature of Circulator) (Day) (Year)

Circulators, ple Phone Email

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To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

PO Ma THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED. VOTING DATE OF SIGNING PRINTED NAMES OF ELECTORS SIGNATURES OF ELECTORS MUNICIPALITY OF RESIDENCE STREET & NUMBER OR RURAL ROUTE CON Rural address must also include box or fire no. (Indicate Town, City, or Village) 1. Email Village City Phone zip: 53558 Email 5220 Lewis Lane □ Town X Village "emcFarland Phone City McFarlanc zip: 53558 (Month) (Day) 3. Email Town
Village
City Phone 4. Email ☐ Town III illage ☐ City Phone 5. Email □ Town ☑ Village Phone RLAND Email Town Village City Phone zip: 53589 7. Email ☐ Town McFarland Village City Phone (Month) (Day) land zip: 53558 8. Email □ Town
□ Village lane Phone nail one nail

| MAR        | 14 Moroney-th  | niguez futul las | city: We Forland W   | リ zip: 53558               | City President                          | (Month) (Day) (Year)                |
|------------|--|------------------|--|----------------------------|---|-------------------------------------|
| 9.<br>RyAN | HEADLEY  | 102/11           | Street: 5012 FALLING   | Leaves Lanc zip: 53558     | Town Svillage City                      | // /15/20//<br>(Month) (Day) (Year) |
| 10         | Peters Jr.   | 218/17.          | street: 6007 Lake  | St                         | Town  Revillage City McFa(land)         | (Month) (Day) (Year)                |
|            | ·  | Certifica        | tion of Circulator   | •                          |   |                                     |
| Ger        | -ald Colli   | わら               | _, (certify): I reside at  | O Wiscons                  | in St. M. Fat                           | land                                |
|            | (Name of Circui  |                  | (Circulator's  | Residence – Street name an | nd Number) (Circulator                  | Municipality)                       |
|            |  |                  | now that the signers are electors of the jurisdict<br>spective residences given. I support this recall |                            |   |                                     |
| (Month)    | $\frac{5}{\text{(Day)}} / \frac{20 \text{ //}}{\text{(Year)}}$ | Lera Lera        |  |                            | , | (Official Use Only)                 |
|            |  |                  |  |                            | i                                       | i                                   |

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| THE MINICIPALITY LISED FOR MALLING    | nstitution and S.9.10 of the Wisconsin Star<br>PURPOSES, WHEN DIFFERENT THAN MUNICIPAL |  | VICIPALITY OF RESIDENCE MUST ALWAYS   | DE LICTED                                |              |
|---------------------------------------|--|--|---|--|--------------|
| PRINTED NAMES OF ELECTORS             | SIGNATURES OF ELECTORS   | STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no. | VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)  | DATE OF SIGNING                          |              |
| List Schwerer                         | har I Schwer   | Street: 5703 M/Wanter St. City: McFedund DI zip:53558                          | Town Village City  City | // / / 20//<br>(Month) (Day) (Year)      | Email Phone  |
| Karen Stephany                        | Karen 9. Stophy  | street: 6208 Hank Xing city: Mcfarland zip: 53558                              | Town Willage McFarland  | // /5/2011<br>(Month) (Day) (Year)       | Phone (Email |
| Dawn Larsen                           | Chen   | street: S203 Broadhead St.  City: McFarland Zip: WT                            | Town    Stillage McFarland  | // /5/20//<br>(Month) (Day) (Year)       | Phone (Email |
| ZACH LARSEN                           | Zah  | street: 5203 Broadhead St.  City: McFarland WI zip: 53558                      | Town  Village City  M.F. Man  | i1 /15/20 <u>i1</u> (Month) (Day) (Year) | Phone (Email |
| Scott G. Westphal                     | Doubt M. War   | city: McFarland W( zip: 53558  | Town Stillage McFarland   | 11 /15/201C<br>(Month) (Day) (Year)      | Phone (Email |
| Mindy Westphal                        | mondy withhel  | street: 2003 Leanne Un<br>city: Metar Landut, zip: 53558                       | Town City MCTar kerol   | 11 / 15 / 20 1<br>(Month) (Day) (Year)   | Phone (Email |
| ,                                     |  | Street:  City: Zip:  | ☐ Town ☐ Village ☐ City   | / /20(Month) (Day) (Year)                | Phone (Email |
| · · · · · · · · · · · · · · · · · · · |  | Street:  City: Zip:  | □ Town □ Village □ City   | / /20(Month) (Day) (Year)                | Phone (      |
|                                       |  | Street:  City: Zip:  | □ Town □ Village □ City   | / /20(Month) (Day) (Year)                | Phone (      |
|                                       |  | Street: City: Zip:   | ☐ Town<br>☐ Village<br>☐ City   | / /20                                    | Email Phone  |

|   |  | City:                               | Zip:                                     |  |   |
|---|--|-------------------------------------|--|--|---|
| 10.   |  | Street:                             |  | ☐ Town ☐ Village                             | / /20                                   |
|   |  | City:                               | Zip:                                     | □ City                                       | (Month) (Day) (Year)                    |
|   | . Cert                                       | ification of Circulato              | r  |  |   |
| Gerald C.   | ollins                                       |                                     | 5800Wiscons                              | in St. Me                                    | e Farland                               |
| (Name of Circ   |  |                                     | (Circulator's Residence - Stre           |  | (Circulator Municipality)               |
| personally circulated this recall petition and personally of                                  |  |                                     |  |  |   |
| ne paper with full knowledge of its content on the date inc                                   | licated opposite his or her name. I know the | heir respective residences given. I | support this recall petition. I am aware | e that falsifying this certification is puni | shable under S.12.13(3)(a), Wis. Stats. |
| $\frac{\cancel{\cancel{1}}}{(Month)} / \frac{\cancel{\cancel{5}}}{(Day)} / \frac{20}{(Year)}$ | + Scral                                      | (Signature of C                     | Circulator)                              | ·  | Page No. (Official Use Only)            |
|   | •  |                                     |  |  | #_ <u>/0090</u>                         |

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

|   | Section 12 of the Wisconsin Constitution and S.9.10 of the V                           | · · · · · · · · · · · · · · · · · · ·   |                      | PO Box 25<br>Madison, V            |  |  |
|---|--|---|----------------------|------------------------------------|--|--|
| THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.  THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED. |  |   |                      |                                    |  |  |
| NAME & SIGNATURES OF ELECTORS   | STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.         | NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village) | DATE OF SIGNING      | CON                                |  |  |
| 1. Print: LORI COPILL   | Street: 2710 Tower Rd  | Town Uillage City   | 11 /15/2011          | Email Bulgr                        |  |  |
| sign: Jour Gull   | City: McFarland Zip: 53558   | (Municipality Name)   | (Month) (Day) (Year) | (608)                              |  |  |
| A Marchelle   | 1718W. Main#1  | ☐ Town  Writinge  City  | u /15/20 <u>4</u>    | Email Welch                        |  |  |
| Sign:   | Stoughton 53589  | (Municipality Name)   | (Month) (Day) (Year) | GO8                                |  |  |
| Printaclene Prahl   | Street: 5118 Leanne LN   | Town   Village   City   MC Landawa  | 11/15/2011           | GOO-                               |  |  |
| 4.  | city. McFarland zip. 53558   | (Municipality Name)   | (Month) (Day) (Year) | (<br>Email                         |  |  |
| Print: Kathy Pazak  | Street: 5019 TIMBLE LA   | Town  Town  City  City  | <br> ///5 20_ff      | 608                                |  |  |
| significant the same  | City: McFarland Zip: 53558   | (Municipality Name)   | (Month) (Day) (Year) | (                                  |  |  |
| 5. Auson Eine   | Street: 3130 Streb Way   | Town Village City Springs   | 11/15/2011           | Email Phone                        |  |  |
| Sign: Watter Co.  | Certification of Circulator  | (Municipality Name)   | (Month) (Day) (Year) | aeit                               |  |  |
| Delum Sidin   | ( )  | M-Englas  | 4                    |                                    |  |  |
| (Printed Dame of Circulator)  | (certify): I reside at 530 Valley DRIVE<br>(Circulator's Residence - Speet Name and Nu | mber)   Iktarian<br>(Circulator Munic   |                      | Circulators, Please include your o |  |  |

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder nan reca

(Month)

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(Year)

| ned in this petition. | I know that each p  | person signed the paper   | with full knowledge o  | f its content on the da | te indicated opposite his | or her name. I know th | eir respectiv | √e residences given. I s | upport this |
|-----------------------|---------------------|---------------------------|------------------------|-------------------------|---------------------------|------------------------|---------------|--------------------------|-------------|
| all petition. I am aw | are that falsifying | this certification is pur | ishable under S.12.13( | (3)(a), Wis. Stats.     | •                         |                        |               |                          |             |
| 11/                   | 15                  | /20 11                    | Dotel                  | 50                      | dia                       |                        | Page          | No. (Official Use Only)  |             |

Return by

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To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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|---|---|---|-------------------------------------|-------------------------------------|--|--|
| NAME & SIGNATURES OF ELECTORS   | STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.                                    | NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village) | DATE OF SIGNING                     | CONI                                |  |  |
| 1. Print: Marc Wines Sign: Marchine   | street: 6208 rence cT   | Town  Town  City  (Municipality Name)   | ///5/20/1<br>(Month) (Day) (Year)   | Phone (                             |  |  |
| 2. Print: Julie Hartwig Sign: Julie J. Hurry  | street: 322 E. Mifflin#1  City: Madison zip: 53703  | Town Village Village Madi Son (Municipality Name)                               | (                                   | Phone                               |  |  |
| sign: Sail Aaroen Sign: Sail Claroen  | Street: 5526 North Cook St<br>City: McFarland zip: 53558  | Town  Nillage City  City  (Municipality Name)                                   | // /15/201/<br>(Month) (Day) (Year) | Phone                               |  |  |
| 1. Margo Grady Sign: Margo C Grady  | Street: 5905 Running Dear Tr.  City: Wetarland Zip: 55555   | Town  Village  City  McFarland  (Municipality Name)                             | 1// 15 20 11 (Month) (Day) (Year)   | Phone (                             |  |  |
| 5. Degas Couse Sign: MIMI James   | Street: 5803 County Noth  | Town Village City  (Municipality Name)  | // /5/20/1<br>(Month) (Day) (Year)  | Phone (                             |  |  |
| I, Delyn Sidn  Printed Num of Circulator)   | Certification of Circulator certify): I reside at 5310 Valley DRIVE (Circulator's Residence - Street Name and Num | mber) McFarla (Circulator Muni  | and<br>cipality)                    | Circulators, Please include your co |  |  |

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder name recal

(Signature of Circulator)

| ed in this petition. I | know that each p   | erson signed the paper     | with full knowledge of its content o | on the date indicated opposite hi | is or her name. I know thei | ir respective residences g | živen. I support this |
|------------------------|--------------------|----------------------------|--------------------------------------|-----------------------------------|-----------------------------|----------------------------|-----------------------|
| ll petition. I am awa  | re that falsifying | this certification is puni | shable under \$.12.13(3)(a), Wis. S  | tats.                             |                             |                            | • • •                 |
| /                      | 15                 | /20 <u>\</u>               | Dolling 5                            | Carperic                          |                             | Page No. (Official to      | Jse Only)             |
| (Month)                | (Day)              | (Year)                     | (Signature of Circula                | itar)                             |                             | # 1828                     | <u> </u>              |

Please include your co Phone

Return by

Committee

PO Box 256

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes,

Return by Ja Committee to PO Box 2569

| THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.  THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED. |  |   |                                     |                             |  |  |
|---|--|---|-------------------------------------|-----------------------------|--|--|
| NAME & SIGNATURES OF ELECTORS   | STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.                                     | NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village) | DATE OF SIGNING                     | CONTA                       |  |  |
| 1.<br>Faryn R Schneider<br>Faryn R Schneider  | Street: 5506 Cardinal Dr.  | Town Nillage City MCFAVANA (Municipality Name)                                  | 11 /15/20/1<br>(Month) (Day) (Year) | Email Garde                 |  |  |
| 2. Print: Melissa V. Psieri Sign: Melissa V. Psieri   | Street: 5810 SMithi PidgeRd  McFarland WI 53558  City: 721p: 53558   | Town  Willage City  Mctorland  (Municipality Name)                              | (Month) (Day) (Year)                | Phone ( )                   |  |  |
| 3. Print: Kathi Schlender Adams Sign: Kathi Schlender Adams   | Street: 6311 Sighting Rd.  City: McFarland Wi 21p: 53558   | Town   Village   City   MCFarland   (Municipality Name)                         | /                                   | Email KasaOS( Phone ( )     |  |  |
| Print: Steve Schlufer Signy Here Schluter   | Street: 5509 Mach 5th  | Town  | (Month) (Day) / (Year)              | Email  Shevy  Phone  60 } 2 |  |  |
| 5. Print:   | Street:  City: Zip:  | ☐ Town ☐ Village ☐ City  (Municipality Name)                                    | / /20(Month) (Day) (Year)           | Phone ( )                   |  |  |
| I, Delunn Stodin (Printed Name of Circulator)   | Certification of Circulator  certify): I reside at 5310 Valley DRIVE  (Circulator's Residence - Street Name and No | McFarland (Circulator Muni  | d cindin)                           | Circulators,                |  |  |

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under § 12.13(3)(a), Wis. Stats.

(Month)

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| 1. Lisa Winer Sign: Disa Wher   | Street: 6208 Renel Count 53558 City: McFarfand Zip: WI                         | Town Village City (Municipality Name)   |   | Phone ( )     |  |  |
| 2. Print: Michael Beatty Sign: MUSBeatty  | street: 6308 HiddenFirm Rd.  | Town Nillage City  Mcfast and (Municipality Name)                               | 11 /15/20 <u>11</u><br>(Month) (Day) (Year) | Phone ( )     |  |  |
| 3. Print: LuAnn Russell-Salas single Commenced Salas  | City: Mpc Varlandin 7:10:53558   | Town Village City  (Municipality Name)  | // /15/20_ff<br>(Month) (Day) (Year)        | Phone ( )     |  |  |
| sign. Catherine Price Frye  |  | Town O'illage City (Municipality Name)  | 11 / 15 20]<br>(Month) (Day) (Year)         | Phone ( CP23) |  |  |
| 5. Carl R Strasburg sign 21 1 Strust  |  | Town Village City  MC Farland (Municipality Name)                               | 1/ /15/2011<br>(Month) (Day) (Year)         | Email GOS 4   |  |  |
| I, Delynn Sydin Printed Name of Circulator)   | certify): I reside at Circulator's Residence - Streen Name and Nu              | McFarlai (Circulator Mum  |   | Circulators,  |  |  |

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(Circulator Municipality)

Please include your conta

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| 1. Cynthia Brady   | Cynthia & Brady        | Street: 2732 Olia Rd City: Cambridge Zip: 53523                                | Section Christiana   | (Month) (Day) (Year)                     | Email<br>Civoly - b<br>Phone<br>(608 |  |  |
| 2. Allison Vinuent   | Answinest              | Street: 5404 Valley Drive City: McFayland Zip: 5,3558                          | Town Stillage City McFarland                                       | 11 /15 /20LL<br>(Month) (Day) (Year)     | Email CVINU Phone (1008              |  |  |
| 1000 PATION  | four har               | Street: 43/9 CRESTED OWL LN City: MODI SON Zip: 537/8                          | Town Uvillage City  MAD. SOM                                       | ////5/20_//<br>(Month) (Day) (Year)      | Phone (                              |  |  |
| Alicia Curtis  | alicia Clutes          | street: UN Sauncles Cf city: McFarland zip: 53558                              | Town  City  MCFar and  | // //5/20 <u>//</u> (Month) (Day) (Year) | Email Phone                          |  |  |
| Barbara Wexekind   | Barbon Wederline       | Street: 2533 Yahara 10r  City: Mr Fanlant zip: 5355 K                          | 母Town<br>□ Village<br>□ City                                       | 1\ /B /2011<br>(Month) (Day) (Year)      | Email Phone                          |  |  |
| Ginger Verhulst  | ap nues                | street: 4700 Dale St. Apt. 210 City: McFarland zip: 53558                      | Town  Willage  City McFarland                                      | 1 1 /1 5/2011<br>(Month) (Day) (Year)    | Email Phone                          |  |  |
| Raylen & Brinkmeles  | Range                  | Street: 710 Mesta Ln City: Madison Wi Zip: 53704                               | Town Willage Williage Williage                                     | (Month) (Day) (Year)                     | Phone (                              |  |  |
| * Kayla Lange  | hayla Jange            | street: 5911 Spartan Dr #7  City: McFarland zip: 53558                         | Town City McTarland  | \\\/15/2011<br>(Month) (Day) (Year)      | Email Phone                          |  |  |
| 9. Lor Jacoby  | Doch                   | Street: 5402 MARSH Rd  City: McFavland zip: 53558                              | Town Willage McCarland   | (Month) (Day) (Year)                     | Phone (                              |  |  |
| ann Jacke  | am Jacken              | Street: 5705 blen wg st<br>city: McFanlad zip: 5358                            | Town Or Village M Fair Sul   | (Month) (Day) (Year)                     | Phone (                              |  |  |
|  | ' Certification o      | of Circulator  |  |  |                                      |  |  |
| A SCA O LA LL DA   |                        | 1 1  | ر ۸ د سسر والد   | A  |                                      |  |  |

(certify): I reside at 6323 JUHW90W 9T (Name of Circulator) MITARLAND (Circulator's Residence - Street name and Number) (Circulator Municipality) I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their) respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

(Month)

(Day)

(Signature of Circulator)

Circulators, Phone

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| PRINTED NAMES OF ELECTORS  | SIGNATURES OF ELECTORS | STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no. | VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village) | DATE OF SIGNING                          | CC          |  |  |
| 1.<br>Susan Eley   | Susan Eley             | Street: 6314 Sighting Rd City McFartand WI zip: 53556                          | Town Stylllage City McFarland                                      | 11 /15/2011<br>(Month) (Day) (Year)      | Email Phone |  |  |
| 2. Mike Roltger  | net lab                | Street: 9786 E. Buckeye RJ<br>City: Madigay WT zip: 53716                      | Town Village Recity Maclifon                                       | [[                                       | Email Phone |  |  |
| John Ditoc psel  | Jed. Hogo              | Street: 5509 Cardinal Dr<br>City: McFarland Wi zip: 53558                      | Town  Octy  October  | // //5/20_1[<br>(Month) (Day) (Year)     | Phone (     |  |  |
| RICK BULTMAN   | Rich Bultman           |  |  | // //5/20 <u>//</u> (Month) (Day) (Year) | Phone (     |  |  |
| 5. Shelly Lampa  | Dhely Lamps            | Street: 5305 Back Walnut ) City: McFarland zip: 53558                          | Town Ocity M. Farland  | (Month) (Day) (Year)                     | Phone (     |  |  |
| JOHN LAVIN   | John Sai               | Street: 3067 VILASPD City COTTAGE GROVE Zip: 5 3527                            | #Town Utillage City PLEASANT PRINCE                                | (Month) (Day) (Year)                     | Phone (     |  |  |
| Jusan Booth  |                        | street: 2418 Independence Ln. 1203  City: Madison zip: 53704                   |  | (Month) (Day) (Year)                     | Phone (     |  |  |
| 8.<br>Karen Wdeven   | Kwent                  | Street: 6312 Reprect   | Town    D'Village   City   HCFarland                               |  | Email Phone |  |  |
| Wendy Phillips   | Sterdy Rillis          | 1.2,0 Eugha Can al   | Town Willage M Faskerd   | // /5/20/1<br>(Month) (Day) (Year)       | Email Phone |  |  |
| JENNIFERLANE   | Jemps L. Lam           | +0×1 = ==================================                                      | Town  ByVillage City Mcharlan 2                                    | // //5/20/1<br>(Month) (Day) (Year)      | Phone (     |  |  |
| h  | Certification o        | of Circulator  | •  |  |             |  |  |
| LYMAN LYONS  | (certi                 | ify): I reside at 6373 TOHVSON ST  | + WFAR   | ULAND                                    |             |  |  |

| L         | OCN MARCIN  | 4100   | 7 0.00  | city: 1'VCWWCIGN 2 WJ  | zip: ン プ> ン ろ  | - II Cipilolo(II e  |
|-----------|---|--|---|--|--|---|
|           |   |  | Certificati   | ion of Circulator  |  | 30.   |
|           | LYMAN   | LYONS  |   | (certify): I reside at 6323  | JOHNSON ST.  | MEFARLAND   |
|           |   | (Name of Circul  | ator)   | (Circulator's  | Residence – Street name and Num  | nber) (Circulator Municipality)   |
| ers<br>pa | sonally circulated this recall pet<br>aper with full knowledge of its | ition and personally obta<br>content on the date indic | nined each of the signatures on this paper. I know ated opposite his or her name. I know their response | that the signers are electors of the jurisdictive residences given. I support this recall! | on or district represented by the office petition. I am aware that falsifying this | cholder named in this petition. I know that each person signed certification is punishable under S.12.13(3)(a), Wis. Stats. |
| _         | (Month) / 15 (Day)  | / <u>20_//</u> _                                       | - XIII  | (Signature of Circulator)  |  | Page No. (Official Use Only) # 1832   |

Phone

Email

13

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

| THE MUNICIPALITY USED FOR MAILING       | PURPOSES, WHEN DIFFERENT THAN MUNICIPAL | TY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE 1   | MUNICIPALITY OF RESIDENCE MUST ALWAY                               | S BE LISTED.                                | M           |
|---|---|---|--|---|-------------|
| PRINTED NAMES OF ELECTORS               | SIGNATURES OF ELECTORS                  | STREET & NUMBER OR RURAL ROUTE<br>Rural address must also include box or fire no.                       | VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village) | DATE OF SIGNING                             | C           |
| 1. Terry Moon                           | Terry Moon                              | Street: 5516 N. Cock St.  City: McFayland zip: 5355  Street: 5306 PAULSON RD  City: MCFARLAND zip: 5355 | Brillage M Forbura   | 11 /15/2011<br>(Month) (Day) (Year)         | Phone (     |
| DEBRA HAZELTINE                         | Alwan & They Kin                        | Street: 5306 PAULSON RD City: MCFARLAND Zip: 535  | Town Village McFarland City  | 1//15/20<br>(Month) (Day) (Year)            | Phone (     |
| 3. Kiley Kilkenny                       | 1/1/2                                   | Street: 9 Ridgeriew Ct. #7 City: Mardison zip:53704   | Town Village Madison   | 1( /15/20 <u>11</u><br>(Month) (Day) (Year) | Email Phone |
| 4.                                      |   | Street: City: Zip:  | ☐ Town ☐ Village ☐ City  | / /20(Month) (Day) (Year)                   | Phone (     |
| 5.                                      |   | Street:  City: Zip:   | ☐ Town ☐ Village ☐ City  | / /20(Month) (Day) (Year)                   | Phone (     |
| 6.                                      |   | Street:  City: Zip:   | ☐ Town ☐ Village ☐ City  | //20(Month) (Day) (Year)                    | Email Phone |
| 7.                                      |   | Street:  City: Zip:   | ☐ Town ☐ Village ☐ City  | / /20(Month) (Day) (Year)                   | Email Phone |
| 8.                                      |   | Street:  City: Zip:   | ☐ Town ☐ Village ☐ City  | / /20<br>(Month) (Day) (Year)               | Email Phone |
| 9.                                      | ·                                       | Street:  City: Zip:   | ☐ Town ☐ Village ☐ City  | / /20(Month) (Day) (Year)                   | Email Phone |
| 10.                                     |   | Street: City: Zip:  | ☐ Town ☐ Village ☐ City  | / /20(Month) (Day) (Year)                   | Email Phone |
| 125000000000000000000000000000000000000 | Certification of                        | of Circulator   |  |   |             |

| -7 / V                                | $r_{iv} \sim 101$                    | /                                      | (certify): I reside at (() )                     | 3011103010                            | <i>J</i> 1                | MICH POUR                          | עוי             |
|---------------------------------------|--------------------------------------|--|--|---------------------------------------|---------------------------|------------------------------------|-----------------|
| , , , , , , , , , , , , , , , , , , , | (Name of Circulator)                 |  | (Circulato                                       | or's Residence – Street name a        | and Number)               | (Circulator Municip                | pality)         |
| ersonally circulated this recall      | petition and personally obtained ea  | ch of the signatures on this paper. I  | know that the signers are electors of the juriso | diction or district represented by t  | he officeholder named     | in this petition. I know that each | a person signed |
| paper with full knowledge of          | its content on the date indicated op | posite his or, her name. I know their, | respective residences given. I support this rec  | call petition. I am aware that falsif | fying this certification: | is punishable under S.12.13(3)(a)  | .), Wis. Stats. |
| NOV 1 15                              | /20 /1                               | Alex A                                 | Mr.  |                                       |                           | Page No. (Official U.              | Ise Only)       |
| (Month) (Da                           | <del></del>                          | 7                                      | (Signature of Circulator)                        |                                       |                           | 1 # 18.33                          | i               |

Circulators, p

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

| THE MUNICIPALITY USED FOR MAILIN | IG PURPOSES, WHEN DIFFERENT THAN MUNICIPALI | TY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MU                         | NICIPALITY OF RESIDENCE MUST ALWAY                                 | S BE LISTED.                        |
|----------------------------------|---|--|--|-------------------------------------|
| PRINTED NAMES OF ELECTORS        | SIGNATURES OF ELECTORS                      | STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no. | VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village) | DATE OF SIGNING                     |
| · Pamelynn Austin                | Pamelynn austr                              | street: 5312 Lani Lane City: McTarland zip: 53558                              | Town Devillage McFarland   | // //5/2011<br>(Month) (Day) (Year) |
| Jamie Gailsmann                  | Jair Gausin                                 | street: 3492 Femrite Dy  City: Madison WI zip: 53718                           | Town Blooming City Grove   | 11 /15/2011<br>(Month) (Day) (Year) |
| Robert Schapfer                  | Robot Shufu                                 | Street: 6313 Everglade CT City: Mefarland zip: x3558                           | Town Village City McFasland  | // /5/20_/(Month) (Day) (Year)      |
|                                  |   | Street: City: Zip:   | ☐ Town ☐ Village ☐ City  | / /20(Month) (Day) (Year)           |
|                                  |   | Street: City: Zip:   | ☐ Town ☐ Village ☐ City  | / /20<br>(Month) (Day) (Year)       |
| •                                |   | Street:  City: Zip:  | ☐ Town☐ Village☐ City  | / /20(Month) (Day) (Year)           |
| ,                                |   | Street: City: Zip:   | ☐ Town<br>☐ Village<br>☐ City                                      | / /20(Month) (Day) (Year)           |
|                                  |   | Street:  City: Zip:  | ☐ Town ☐ Village ☐ City  | / /20(Month) (Day) (Year)           |
|                                  |   | Street:  City: Zip:  | ☐ Town ☐ Village ☐ City  | / /20<br>(Month) (Day) (Year)       |
|                                  |   | Street:  | ☐ Town ☐ Village ☐ City  | //20(Month) (Day) (Year)            |
| Vallage 140                      | Certification                               |  | L McFarla  |                                     |

|      |        |                          |   | City:   | Zip:  | ☐ City                                | (Month) (Day) (Year)                 |
|------|--------|--------------------------|---|---|---|---------------------------------------|--------------------------------------|
| I,   | Kothry | 2 Lyons                  | Certification o                                     |   | 0,  | L M                                   | cFarland                             |
|      |        |                          | ach of the signatures on this paper. I know that th | (Circulator's he signers are electors of the jurisdic | Kesidence — Street name and tion or district represented by the | d Number) cofficeholder named in this |                                      |
| (Mon | 1 15   | / <u>20 //</u><br>(Year) | posite his or her name. Uknow their respective r    | Signature of Circulator)                              | petition. I am aware that faistryi                              | ing this certification is pulls       | Page No. (Official Use Only)  # 1824 |
|      | •      |                          |   |   | <b>⊕</b> √€€€€€€€€€€€€€€€€€€€€€€€€€€€€€€€€€€€€                  | !                                     | # <del>700  </del>                   |

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| THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED. |                        |  |  |   |                      |  |
|--|------------------------|--|--|---|----------------------|--|
| PRINTED NAMES OF ELECTORS  | SIGNATURES OF ELECTORS | STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no. | VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village) | DATE OF SIGNING                         | СО                   |  |
| Kathie Bennett   | Kathie Bennett         | Street: 2756 Tower Pol<br>City: Mc Farland Wi Zip: 53558                       | Xrown Uillage Dunn   | // // S/20//_<br>(Month) (Day) (Year)   | Phone (              |  |
| CREO MISCHIO   | 42                     | Street: 6207 SPRIND POND CT,  City: McFARLAND Zip: 53558                       | □ Town □ Village   | (Month) (Day) (Year)                    | Email GROC (2) Phone |  |
| 3. Spanateurs  | Shaal &                | street: 4195 High St<br>City: McFarland zip: 53558                             | Ufown Uillage Dunn   | (1 /15 /20 1 1 (Month) (Day) (Year)     | Phone ( )            |  |
| 4. Sue Schaeser  | Sue Schaefu            | street: 6313 Everglade Ct. city: 1Mcfalland W1 zip: 53558                      | Town Village Mcfarland   | // // 20 <u>//</u> (Month) (Day) (Year) | Email Phone          |  |
| 5.   |                        | Street:  City: Zip:  | □ Town □ Village □ City  | / /20(Month) (Day) (Year)               | Phone ( )            |  |
| 6.   |                        | Street: City: Zip:   | ☐ Town ☐ Village ☐ City  | / /20(Month) (Day) (Year)               | Email Phone          |  |
| 7.   |                        | Street:  City: Zip:  | ☐ Town<br>☐ Village<br>☐ City                                      | / /20(Month) (Day) (Year)               | Email Phone          |  |
| 8.   |                        | Street:  City: Zip:  | □ Town □ Village □ City  | / /20(Month) (Day) (Year)               | Email Phone          |  |
| 9.   |                        | Street:  | ☐ Town ☐ Village ☐ City  | / /20(Month) (Day) (Year)               | Email Phone          |  |
| 10.  |                        | Street:  | ☐ Town ☐ Village ☐ City  | / /20(Month) (Day) (Year)               | Email Phone          |  |
| Certification of Circulator  Kothware 1. (Mr.)  Certification of Circulator  (cortific): I resident 6323 Johnson St  Mc Farland  |                        |  |  |   |                      |  |
| Kathryn Lyon   | , (certi               | of Circulator 6323 Johnson St  | - Miletan  | iasa                                    | Circulators,         |  |

| City: Zip:   |  |  |
|--|--|--|
| 10.  Street:  Town Village   | / /20                                      |  |
|  | (Month) (Day) (Year)                       |  |
| Kothyan 1 (Ma) Certification of Circulator 6323 Johnson St McFar   | land                                       |  |
| (Circulator's Residence – Street name and Number)  (Circulator M   |  |  |
| personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given Lyupport this recall petition. I am aware that falsifying this certification is punishable under S.12.1 | at each person signed 3(3)(a), Wis. Stats. |  |
| 1   1   1   1   1   20   | ficial Use Only)                           |  |
| (Month) (Day) (Year) (Signature of Circulator) # 1830  | <u> </u>                                   |  |
|  |  |  |

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

| Article XIII, Section 12 of the Wisconsin Con | astitution and S.9.10 of the Wisconsin State | utes.   |  |                                     | PO                      |
|---|--|---|--|-------------------------------------|-------------------------|
| THE MUNICIPALITY USED FOR MAILING             | PURPOSES, WHEN DIFFERENT THAN MUNICIPALIT    | TY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUN                           | JICIPALITY OF RESIDENCE MUST ALWAYS                                | BE LISTED.                          | Ma                      |
| PRINTED NAMES OF ELECTORS                     | SIGNATURES OF ELECTORS                       | STREET & NUMBER OR RURAL ROUTE<br>Rural address must also include box or fire no. | VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village) | DATE OF SIGNING                     | CON                     |
| 1. Richard B Ruecking                         | 5 Kiland Blunki                              | Street: 6002 Lake St<br>City: McFarland Zip: 23558                                | □ Town  My Village □ City  | 11/15/20_11<br>(Month) (Day) (Year) | Email YUEMA Phone (608) |
| Sandra J. Gerick                              | Sardis Heriele                               | Street: 5904 LOANNE LANE CHY. McFarland zip:53558                                 | Town Styllage Mc Tarkey  | ) / 19/20_1<br>(Month) (Day) (Year) | Phone ( )               |
| 3. Chery Tyler                                | Chengl Tylu                                  | Street: 5664 Wild Cherry City: Me Forland zip: 53558                              | Town City M Farland  | (Month) (Day) (Year)                | Phone ( )               |
| Laurie Deglac                                 | Laure Dezle                                  | 48/18 D. A. CA#1  | Town Divillage City McTerland                                      | // // 20 // (Month) (Day) (Year)    | Phone ( )               |
| Nina Emmrion                                  | Mina amica                                   | Street: U104 PPING FOOD CT 5758 City: MCFCV1CV1d zip: 53588                       | Town Village City  | (Month) (Day) (Year)                | Phone ( )               |
| 6.<br>MARK EmmRicit                           | Hal Emmel                                    | Street: 6104 SPRING POWN CT.  City: He Farland zip: 57558                         | Town Willage Mc Takenno  | ///5/20//<br>(Month) (Day) (Year)   | Phone ( )               |
| Karin Mandli                                  | Karii Mandli                                 | Street 5 RO4 Aspen Ct. City: McFarland, WI zip. 53558                             | Town Village McFarland   | // /5/20_//<br>(Month) (Day) (Year) | Phone ( )               |
| "Roth Ode 11                                  | Qual Quell                                   | Street: 5408 Main St<br>City: McFar (and WI zip:53558'                            | Town Village Ma Far land   | // /5/20//<br>(Month) (Day) (Year)  | Phone ( )               |
| Cynthia L. Kaether                            | Cynthia L. Kaether                           | Street: 6204 Forest Ridge Ct.   | Town Willage McFarland   | // /15/20//<br>(Month) (Day) (Year) | Phone ( )               |
| Catherine Haas                                | (athanine Gras                               | Street: 600 Nordic Trail City: Staughton WI zip: 53589                            | Town Utillage City  Stoughton                                      | [                                   | Phone ( )               |
| n 1 1   | Certification of                             | of Circulator   |  | <b>1</b> ·                          |                         |
| Barbara L. Jung                               | , (certi                                     | ify): I reside at 4206 Morris Park  | ra. lown of L  | Junn                                | Cinaulatera             |

(Circulator Municipality) (Name of Circulator) (Circulator's Residence – Street name and Number) I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his on her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats. (Day) (Year) (Month)

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To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

| Article XIII, Section 12 of the Wisconsin Co | nstitution and S.9.10 of the Wisconsin Stat | utes.  |  |  | PC          |          |
|--|---|--|--|--|-------------|----------|
| THE MUNICIPALITY USED FOR MAILING            | G PURPOSES, WHEN DIFFERENT THAN MUNICIPALI  | ITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUN                       | IICIPALITY OF RESIDENCE MUST ALWAYS                                | BE LISTED.                             | M           | ad       |
| PRINTED NAMES OF ELECTORS                    | SIGNATURES OF ELECTORS                      | STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no. | VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village) | DATE OF SIGNING                        | co          | NC       |
| 1.<br>Barbara Jung                           | Barbara Gung                                | Street: 4206 Morris Park Rd City: My McFarland zip: 53558                      | ATOWN O'Village DUNN   | //5/20<br>(Month) (Day) (Year)         | Phone       | )        |
| Zach. Denv                                   | Zach. DENV                                  | street: 5705 L/nden PKWY City: McFarland zip: 53538                            | Town Cfaxland  | ## (Month) (Day) (Year)                | Phone (     |          |
| Buc KEMNOTZ                                  | Bult  | Street: 5223 CHURCU 57.  City: McFarland Zip: 53858                            | □ Town  Stillage Mc Farchs  □ City                                 | 1//5/20 <u>//</u> (Month) (Day) (Year) | Email Phone | <u> </u> |
| DAN ROTTINGER                                | Date  | Street: 5613 649 NWAY 57 City: MCFARLAND Zip: 53558                            | □Town  Drillage □City  MCFARLANA                                   | (Month) (Day) (Year)                   | Phone       | )_       |
| Bandall Kennedy                              | Bulling                                     | Street: 905 Trout Tr City: Staughton zip: 53589                                | XTown □ Village □ City □ UN □                                      | //5/2011<br>(Month) (Day) (Year)       | Phone (     | <u> </u> |
| 1 TERRY MARTINELLIS                          | eer Jour Minting                            | Street: 604 CPlamery C+  City: Mc Farland   Zip: 53558                         | Town City Mc Farland   | (Month) (Day) (Year)                   | Phone (     | )_       |
| ROSEMARY PRIT                                | CH Languey Till                             | Street: 2860 ARROWHEAD IND. City: Stoug HTSN Zip: WI.                          | BTown □ Village □ City □ U V V                                     | )(//6/20_1                             | Phone (     |          |
| * Jackie Ruggles                             | adwings is                                  | Street: 5911 Leanne Lin<br>City: McGarland Zip: 53558                          | Town Styllage City McFayland                                       | 11 /15/20 11<br>(Month) (Day) (Year)   | Phone (     | )        |
| Tee Miller                                   | Dustre                                      | Street: HOW WOUM Rd City Sto 19 Webon Zip: W1                                  | Town Pleasens City Springs   | 1\ /15\/20 \<br>(Month) (Day) (Year)   | Email Phone | <u> </u> |
| Orin Silva                                   | gin Sul                                     | Street: 2600 WEUM Rd  City: 2600 WEUM Rd  Zip: W1                              | Brown pleasent Springs   | //5/20/1<br>(Month) (Day) (Year)       | Phone       | <u> </u> |
| 0 1 1  | Certification                               | of Circulator  | 0.   |  |             |          |
| Rushasa                                      |   | 11201 Marsic Park  | RI Tues  | $\bigcap$ $\cup$ $\cup$ $\cap$ $\cap$  |             |          |

10WN OT DUNN (certify): I reside at 4206 MORNIS TANK NO. (Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality) I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

(Signature of Circulator)

(Month)

(Day)

(Year)

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To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

| THE MUNICIPALITY USED FOR MAILING | THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED. |  |  |  |                                       |
|-----------------------------------|--|--|--|--|---------------------------------------|
| PRINTED NAMES OF ELECTORS         | SIGNATURES OF ELECTORS   | STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no. | VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village) | DATE OF SIGNING                        | CON                                   |
| Richard Gamble                    | Wiln's Sant  | Street: 5704 Bird Song Cq. City: Mc Forland Zip: 53558                         | Drown McForland City   | // // // // // // // // // // // // // | Email Vick.gr Phone                   |
| Richard Gamble 2. Patrick DORN    | Patrih J. Son  | Street: 6/09 Spring Pond CX.  City: Mcfarland zip: 53558                       | Drown Svillage City Mcfarland                                      | ///5/20//_<br>(Month) (Day) (Year)     | Email<br>Parker c/C<br>Phone<br>(608) |
| 3.                                |  | Street:  City: Zip:  | □ Town □ Village □ City  | / /20(Month) (Day) (Year)              | Email Phone ( )                       |
| 4.                                |  | Street:  City: Zip:  | ☐ Town ☐ Village ☐ City  | / /20<br>(Month) (Day) (Year)          | Phone ( )                             |
| 5.                                |  | Street:  City: Zip:  | □ Town □ Village □ City  | / /20<br>(Month) (Day) (Year)          | Phone ( )                             |
| 6.                                |  | Street: City: Zip:   | □ Town □ Village □ City  | / /20(Month) (Day) (Year)              | Phone ( )                             |
| 7.                                |  | Street: City: Zip:   | ☐ Town ☐ Village ☐ City  | //20(Month) (Day) (Year)               | Email Phone                           |
| 8.                                |  | Street:  City: Zip:  | ☐ Town ☐ Village ☐ City  | / /20<br>(Month) (Day) (Year)          | Email Phone                           |
| 9.                                |  | Street:  | ☐ Town ☐ Village ☐ City  | / /20<br>(Month) (Day) (Year)          | Email                                 |
| 10.                               |  | City: Zip: Street:   | □ Town □ Village □ City  | / /20(Month) (Day) (Year)              | Email Phone                           |
|                                   | Certification  | of Circulator  |  |  |                                       |

| Richard Gamble   | Willy Soul  | Street: 5704 Bird Song C4.   | □ Town □ Town □ City □ City   | 11 /15/2011<br>(Month) (Day) (Year)  | Phone Phone                     |
|--|---|--|---|--|---------------------------------|
| Patrick DORN   | Patrik J. Son   | street: 6/09 Spring Ponel Ct.  City: Mc Farland zip: 53558   | Town Styllage City  Mc Farland  | ///5/20//<br>(Month) (Day) (Year)  | Email Patrick of Phone (GOB) 2  |
| 3.   |   | Street:  City: Zip:  | □ Town □ Village □ City   | / /20(Month) (Day) (Year)  | Phone ( )                       |
| 4.   |   | Street: City: Zip:   | ☐ Town ☐ Village ☐ City   | / /20(Month) (Day) (Year)  | Phone ( )                       |
| 5.   |   | Street: City: Zip:   | ☐ Town ☐ Village ☐ City   | / /20<br>(Month) (Day) (Year)  | Email Phone                     |
| 6.   |   | Street:  City: Zip:  | ☐ Town ☐ Village ☐ City   | / /20<br>(Month) (Day) (Year)  | Email Phone                     |
| 7.   |   | Street: City: Zip:   | ☐ Town ☐ Village ☐ City   | / /20  | Email Phone                     |
| 8.   |   | Street:  City: Zip:  | ☐ Town ☐ Village ☐ City   | //20<br>(Month) (Day) (Year)   | Email Phone                     |
| 9.   |   | Street:  City: Zip:  | ☐ Town ☐ Village ☐ City   | / /20<br>(Month) (Day) (Year)  | Email Phone                     |
| 10.  |   | Street: City: Zip:   | ☐ Town ☐ Village ☐ City   | / /20(Month) (Day) (Year)  | Email Phone ( )                 |
| Barbara L. Jur  (Name of Circul  personally circulated this recall petition and personally obta the paper with full knowledge of its content on the date indice  [] / 15 / 20 //  (Month) (Day) (Year) | ained each of the signatures on this paper. I know that t | ify): I reside at 4206 Monn's Park (Circulator's Residence – Street name and the signers are electors of the jurisdiction or district represented by the residences given. I support this recall petition. I am aware that falsifying Signature of Circulator) | e officeholder named in this petition. I know the officeholder named in this petition. I know the officeholder state of the officeholder state of the officeholder named in this petition. I know the officeholder named in this petition is punishable under S.12. | Municipality) hat each person signed 13(3)(a), Wis. Stats.  Official Use Only) | Circulators, plee Phone Email M |

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

| THE MUNICIPALITY USED FOR MAILING            | G PURPOSES, WHEN DIFFERENT THAN MUNICIPALI | TY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUN                        | NICIPALITY OF RESIDENCE MUST ALWAYS                                | S BE LISTED.                        | Mad                      |
|--|--|--|--|-------------------------------------|--------------------------|
| PRINTED NAMES OF ELECTORS                    | SIGNATURES OF ELECTORS                     | STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no. | VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village) | DATE OF SIGNING                     | CON                      |
| DIMEM, LONES                                 | Diane M. Jones                             | Street: 6611 SLEEPY HOLLOW  City: MY FARLAND WI Zip: 53558                     | Town MI FARAND City  | (Month) (Day) (Year)                | Email  CSSC   Phone  ( ) |
| Staci A. Marrese-Whee<br>3.<br>Amy E Griffin | er Staci A. Marrese-Aheeler                | Street: 5704 W. Open MDW City: McFayland, WI zip: 53558                        | Town Willage McFarland   | 11 /15/20/1<br>(Month) (Day) (Year) | Phone ( )                |
| 3.<br>Amy E Griffin                          | Amo Affin                                  | Street: 6401 Hidden Farm Rd City: McFarland W1 zip:53558                       | Town Village McFarland   | 11 /15/2011<br>(Month) (Day) (Year) | Griffspi<br>Phone ( )    |
| * Pamela A. Licht =                          | Tom Sicht                                  | street 3226 Elvehjem Rd City: Mc Farland Wl zip: 53558                         | XTown Uvillage City  | // /5/20/1<br>(Month) (Day) (Year)  | Email plan Jich          |
| 5.<br>Philip Davidson                        | MALIL                                      | Street: 5119 Timber Lu City: McFarland, WI zip: 53558                          | Town Styllage City McFarland                                       | 11/15/20_11<br>(Month) (Day) (Year) | Phone ( )                |
| 6.   |  | Street: City: Zip:   | □ Town □ Village □ City  | / /20<br>(Month) (Day) (Year)       | Email Phone ( )          |
| 7.   |  | Street: City: Zip:   | □ Town □ Village □ City  | / /20<br>(Month) (Day) (Year)       | Phone ( )                |
| 8.   |  | Street: City: Zip:   | □ Town □ Village □ City  | / /20(Month) (Day) (Year)           | Phone ( )                |
| 9.   |  | Street: City: Zip:   | ☐ Town ☐ Village ☐ City  | / /20(Month) (Day) (Year)           | Phone ( )                |
| 10.  |  | Street:  City: Zip:  | □ Town □ Village □ City  | / /20(Month) (Day) (Year)           | Phone ( )                |
| MARK Juna                                    | Certification of                           | of Circulator  | h Rd Town  | / <del>GY</del>                     |                          |

|             |  |  | City:  | Zip:  | 2011,   | (Month) (Day) (Tear)  |    |
|-------------|--|--|--|---|---|---|----|
|             | 10.  |  | Street:  |   | ☐ Town ☐ Village ☐ City                             | / /20   | En |
| .           |  |  | City:  | Zip:  | L City  | (Month) (Day) (Year)  |    |
|             | MARINT   | Certification  | of Circulator  | ~ / M / O   | 101   | TOWN OF   |    |
|             | MARK Sung  | , (cert  | tify): I reside at 420   | 56 Morrista   | shild   | TOWN OF<br>DUNN   |    |
|             | (Name of Circ  | ulator)  | (Circui  | ator's Residence – Street name  | and Number)   | (Circulator Municipality)   |    |
| pe:<br>ie j | rsonally circulated this recall petition and personally ob<br>paper with full knowledge of its content on the date ind | otained each of the signatures of this paper. I know that<br>licated opposite his or her ham I know their respective | the signers are electors of the j<br>residences given. I support thi | urisdiction or district represented by<br>s recall petition. I am aware that fals | the officeholder named<br>ifying this certification | in this petition. I know that each person signed is punishable under S.12.13(3)(a), Wis. Stats. |    |
|             |  |  | ung  | ·   |   | Page No. (Official Use Only)  |    |
|             | (Month) (Day) (Year)   |  | (Signature of Circulator)  |   |   | # 1839  |    |
|             |  |  |  | 9   |   | ii  |    |
|             |  |  |  |   |   |   |    |
|             | <u> </u>   | _  |  |   |   |   |    |

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Circulators, plea

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

| THE MUNICIPALITY USED FOR MAILING | G PURPOSES, WHEN DIFFERENT THAN MUNICIPALI | TY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUN                                   | NICIPALITY OF RESIDENCE MUST ALWAYS                                | S BE LISTED.                             |             | Mad  |
|-----------------------------------|--|---|--|--|-------------|------|
| PRINTED NAMES OF ELECTORS         | SIGNATURES OF ELECTORS                     | STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.            | VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village) | DATE OF SIGNING                          |             | CONT |
| 1.<br>ASHLEV KAPLEWSKI            | andromp Kanlauski                          | Street: 5 BUHLER CT City: MADISON Zip: 53704  | Town Village City  TOWN  | //5/2011<br>(Month) (Day) (Year)         | Email Phone | ,    |
| Sandral Harp                      | Samua Y Have                               | Street: S911 Spartan Dr.#1  | Town Village MFarland  |  | Email       |      |
| 3.<br>KERI J. BERLING             | ACA  | city: McFarland WIzip: 53558  Street: 5604 Lake Edge Rd. #7  City: McFarland W/zip: 53558 | Town Pvillage Defoves  | [  | Email Phone |      |
| 4.<br>Amanda Brezenski            | amunda Berni                               | street: 4815 Bautista Dr.  City: McFarland WI 21p. 53558                                  | Town Willage Mcfarland   | 11 /15 /20 11<br>(Month) (Day) (Year)    | Email Phone |      |
| Kelly Thompson                    | Leashon_                                   | street: 47/4 Burma Rd.  | Town Cray and  | Wonth) (Day) (Year) (Year) (15√20 [[     | Email Phone | )    |
| Patrick 4 Gerick                  | Patrick M. Saich                           | Street: 5904 LEANNE LN City: McFARLAND Zip: 53558   | □ Town  □ Village □ City  □ City  □ City                           | (Month) (Day) (Year)                     | Phone (     |      |
| 7. Kimberlyk Wink                 | Komberly K. Wil                            | street: 4248 Pella Lane city: Mc Farland zip: 53558                                       | □ Village □ City   | (Month) (Day) (Year)                     | Phone (     | )    |
| 8.<br>CHERILR. HOFFMAN            | Chenyl R. Alyfman                          | street: 4/30 Lookout TRL.  City: McFarland zip: 53558                                     | □ Town □ Village □ City □ UN N                                     | (Month) (Day) (Year)                     | Email Phone | )    |
| "Mary J. Fröden                   | Mary So Fröder                             | street: (0214 Wild Flower Ct.   | Town Willage McFarland   | \\ \/ 15/20_\dots\\ (Month) (Day) (Year) | Email Phone |      |
| GREG WELSH                        | Dry Well                                   | Street: 4250 E COUNTY S City: BELOIT Zip: 53511   | □ Town □ Village TUPTLE □ City                                     | 11 /15/201/<br>(Month) (Day) (Year)      | Email Phone |      |
| MADI. T.O                         | Certification                              | of Circulator   | n, Ton   | inaf                                     |             |      |

|             |   | 1/4 100111   | Street: 4/30 LOOKOUT TK  | ZC, ZTown   | N /15 / 20 <u>[]   </u>   |          |
|-------------|---|--|--|---|---|----------|
|             | CHERILR. HOFFMAN  | [ /en/R. Alyman  |  | 3557 Village DUNN   | (Month) (Day) (Year)  | Phone (  |
|             | 9.  | M. C. Cilli  | Street: (0214 Wild Flowe   | r Ct. Town  XVillage McFarla  | 1 11/15/2011  | Email    |
|             | Mary J. Froden  | May so troder  | city: McFarland zip: 5   | 53558 acity Mctarla   | (Month) (Day) (Year)  | Phone (  |
|             | 10.   | 11/1   | Street: 4250 E COUNTY  | S OTOWN OVIllage TURTLE   | 11 /15/201/   | Email    |
|             | GREG WELSH  | Dy Wer   | City: BELOIT Zip: 5  | 3511 City   | (Month) (Day) (Year)  | Phone (  |
|             | 1.1   | Certification  | of Circulator  |   | TONNO   |          |
| I, _        | MARK Jung   | , (cer   | tify): I reside at 1206 Morris   | tak Rd 5  | una   | Circu    |
|             | (Name of Circul   | ulator)  | (Circulator's Residence – Str  |   | rculator Municipality)  | <i> </i> |
| I pe<br>the | ersonally circulated this recall petition and personally obtated paper with full knowledge of its content on the date indic | ained each of the signatures on this paper I know that cated opposite his or bet pame. I know their respective | the signers are electors of the jurisdiction or district reper residences given. I support this recall petition. I am away | resented by the officeholder named in this petition<br>are that falsifying this certification is punishable u | i. I know that each person signed<br>inder S.12.13(3)(a), Wis. Stats. | L        |
|             |   | 1 Jan 10   | 7  | r   | ige No. (Official Use Only)   |          |
|             | (Month) (Day) (Year)  | _  | (Signature of Circulator)  | #   | 1840  | _        |
|             |   |  | (De part)  | 30009   |   |          |

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To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

| THE MUNICIPALITY USED FOR MAILING | PURPOSES, WHEN DIFFERENT THAN MUNICIPALI | TY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUN                        | ICIPALITY OF RESIDENCE MUST ALWAYS                                 | BE LISTED.                                  |             | Mad |
|-----------------------------------|--|--|--|---|-------------|-----|
| PRINTED NAMES OF ELECTORS         | SIGNATURES OF ELECTORS                   | STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no. | VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village) | DATE OF SIGNING                             |             | CON |
| MARK Jung                         | Mark Jeins                               | Street: 4206 Morris Porh Rd City: Mc Farland zip: 53558                        | Trown Otillage City  UNIV  Village  UNIV                           | ////20//<br>(Month) (Day) (Year)            | Email Phone | )   |
| Rita GRANTORD                     | Bota Crawford                            | Street: 2673 West Star Rd City: Stoughton WII: 53589                           | Town Peasen  | // / # 20 // (Month) (Day) (Year)           | Email Phone |     |
| E/sa I. Reeves                    | Elsa Leeve                               | Street: 5903 Doubter Lidge City: Notabland zip: 53558                          | Town Mc Far Cand   | (Month) (Day) (Year)                        | Phone (     |     |
| Barbara Boyd                      | Barbara Bonga                            | street: 3463 Siggelkow RJ<br>city: MCFarland W. zip: 53558                     | Dillage Blooming Gran  | (Month) (Day) (Year)                        | Email Phone | )   |
| 5. KAROLYN PULVERMACHER           | Korolyn Valverwach                       | Street: 2493 Charmany Way City: Mc Farland WI Zip: 53558                       | Matown<br>□ Village<br>□ City                                      | // //5/20/11<br>(Month) (Day) (Year)        | Phone (     |     |
| Emily Shanks                      | Emily a. Shanks                          | Street: 1201 Emerald Territors City: Sur Prairie zip: 53590                    |  | 1) /15/20 <u>11</u><br>(Month) (Day) (Year) | Phone (     | )   |
| BETTY MERTENS                     | Betty Mertens                            | Street: 3187 Singelkow Rd.  City: McFarland zip: 53538                         | *Town Blooming GROV City   | // /5/20_11<br>(Month) (Day) (Year)         | Phone (60   | (K) |
| 8. /<br>Nancy L Sailing           | Nancy J. Louling                         | Street: 812 Topaz La  City: Madison Zip: 53714                                 | □Town □Village ☑City  Madison                                      | M/15/20M<br>(Month) (Day) (Year)            | Email Phone |     |
| 9.  JAMES G. Hickey               | The second                               | Street: 2401 Evan Rd  City: McFarland Zip: 53558                               | Nown   Village   DVNN  | // //5/20//<br>(Month) (Day) (Year)         | Email Phone | )   |
| DAVID Kneip                       | DA                                       | Street: 3480 Orvold Park dr<br>City: McFarland WI zip: 53558                   | PTown Ovillage City DUNN   | 11 /15/20<br>(Month) (Day) (Year)           | Email Phone | )   |
| manle T                           | Certification of                         |  | 1 TOWN OF  |   |             |     |

| JAMES G. Hickey  | Mc Farland  | Zin: 53558 City                                  | (Month) (Day) (Year)                                 | Pho |
|--|---|--|--|-----|
| David Kneip D  | City: 7 - 10 - 10 - 10 - 10 - 10 - 10 - 10 -                                    | Derk dr Village City 5                           | \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\               | Ema |
| I, MARK JUNG (Name of Circulator)  | Certification of Circulator , (certify): I reside at 4306 M                     | Brris Pork Rd  sidence - Street name and Number) | Town of  Dunn  (Circulator Municipality)             |     |
| I personally circulated this recall petition and personally obtained each of the sign the paper with full knowledge of its content on the date indicated opposite his or | natures on this paper. I know that the signers are electors of the jurisdiction | or district represented by the officeholder nan  | ned in this petition. I know that each person signed |     |
| (Month) (Day) (Year)   | (Signature of Circulator)   |  | # 1841   |     |

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Circulators, pleas

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Email

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

| THE MUNICIPALITY U                                   | SED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALIT<br>THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS |   |                                       | Madison,                  |
|--|--|---|---------------------------------------|---------------------------|
| name & signatures of electors                        | STREET & NUMBER OR RURAL ROUTE<br>Rural address must also include box or fire no.                                  | NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village) | DATE OF SIGNING                       | CON                       |
| 1. William Feitlinger Signy Wall Feelly              | street pactison, Wix, 5370   | Town Village Madison (Municipality Name)  | #   15 20 11<br>(Month) (Day) (Year)  | bfe ho                    |
| 2.  Printi Jeri Conway  Styri Jeri Conway            | Bernote 3617 Alpine Rd.  City Madison WIggs 53704  | Town Village SCity  (Municipality Name)   | 14 /15/2011<br>(Month) (Day) (Year)   | Email Cay Phone (608      |
| 3. Printi Jennifer Bruno Sign: JWW                   | Stroom 5202 Monarda Ct.  | Town SE-Village City  MC Fay Land (Municipality Name)                           | 11 /15/20 11<br>(Month) (Day) (Year)  | brus<br>Phone             |
| 4. Print: Kimberly Besmer signification burly besmer |  | Town  Xillage City  Maple Bluff (Municipality Name)                             | 11 /15/20 11<br>(Mostia) (Day) (Year) | Email  besi  Phone  (608) |
| 5.  Printi Sarah Simonis  Stari Sarah Semanis        | Stroot: 3532 Ridgeway Ave  City Madison 210: 53704   | Town Village City  Madisan (Municipality Name)                                  | // //>//20//<br>(Month) (Day) (Year)  | Email SS/MG Phone (408    |
| GIGGIN Habrert                                       | Certification of Circulator  | 11-1-2  |                                       |                           |

| signi Sarah Semenis   | City Madison 241 53704   | Madisan // /10/20// (Municipality Name) (Month) (Day) (Year)  |
|---|--|---|
| SUSAN Hobart (Printed Name of Circulator)   | certify): I reside at Certification of Circulator  (Circulator's Residence – Street Name and I | Madison   |
| personally circulated this recall petition and personally obtained in this petition. I know that each person signed the pecall petition. I am aware that falsifying this certification in the petition of the |  | ctors of the jurisdiction or district represented by the officeholder or her name. I know their respective residences given. I support this  Page No. (Official Use Only)  # 1842 |

Return by Committee

PO Box 25

Circulators, Please include your co

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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| THE MUNICIPALITY U            | JSED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY<br>THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS |   |  | Madison           |
|-------------------------------|--|---|--|-------------------|
| NAME & SIGNATURES OF ELECTORS | STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.                                       | NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village) | DATE OF SIGNING                                    | CC                |
| 1. Print Dinne Medcatt        | Mreet: 7367 Irae Lane  | ☐ Town ☐ Village ☐ City   | 11/6/20/12   | Email  (L)  Phone |
| Lacre Medeay                  | chy: Madison zup 53717   | (Municipality Name)   | (Month) (Day) (Year)                               | Phone (           |
| Price Borothy taple           | street: 7365 Thee Lane   | ☐ Town ☐ Village S=City   | 11 /16/2011  | Phone             |
| sign brothy taple             | Chy: Modison Zigi Fili   | Municipality Name)  | (Month) (Duy) (Year)                               | Phone (           |
| Print Renesha Carter          | Street: 6787 Suh Koreder Rd  | Town O Village O(City   | // // <b>5</b> /20//                               | Bugo G            |
| stuff Cufu                    | case Madison zape \$3711   | (Municipality Name)   | (Month) (Day) (Year)                               | (414              |
| Print Barbarak, Roe           | Street: 1703N, Highpf. Rd.   | Town Uvillage   | 11 /16/2011  | Email             |
| Sign: Barbara K. Roe          | ow. Middleton W/20. 53562  | (Municipality Name)   | (Month) (Duy) (Year)                               | Phone (           |
| 5. Print: Ann Peterson        | street: 1717 N. High Point Rd  | ☐ Town ☐ Village  City  | 11 /04/22/1  | Email             |
| signed to the                 | an Middleton Wlzg 53562  | (Municipality Name)   | /      /20 <u>     </u><br>  (Minuth) (Day) (Year) | Phone (           |
| T 11 1/                       | Certification of Circulator  | · · · ·   |  | <u></u>           |
|                               | (certify): I reside at 7365 The Las  |   | Cety of  | Circulators.      |
| (Printed Name of Circulator)  | (Circulator's Residence - Street Name and Nur  | mber) (Circulator Munic   | cipality /   | Please include yo |

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable ander \$.12.13(3)(a), Wis Stats.

(Signature of Circulator)

Circulators, Please include your Phone

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to

| THE MUNICIPALITY USED FOR MAILIN | G PURPOSES, WHEN DIFFERENT THAN MUNICIPALI | utes.<br>ITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUI                 | NICIPALITY OF RESIDENCE MUST ALWAYS  | BE LISTED.                                 |
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| PRINTED NAMES OF ELECTORS        | SIGNATURES OF ELECTORS                     | STREET & NUMBER OR RURAL ROUTE<br>Rural address must also include box or fire no. | VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)   | DATE OF SIGNING                            |
| JOHN PETERSON                    | John Peterson                              | Street: 1717 N. HIGH POINT City: MANDLETON Zip. 53562                             | Town Village Middle lon DK   | // //6 /2d1_<br>(Month) (Day) (Year)       |
| Sandra Witte                     | Sada With                                  | street: 7/28 Hubbard Aug<br>city: Middleton W13zip: 53562                         | Town Village City Meddleton  | (Month) (Month) (Year)                     |
| Marina Haan                      | Mariner Haan                               | street: 5717 Hammers by Rd<br>City: Madison We zip: 53711                         | Town Village Madison   | // // 20 ft (Month) (Day) (Year)           |
| 1. Elaine SHARP                  | M. Elaine Sharp                            | Street: 17 BACKBAY CIR City: MAOISEN WIL Zip: 53717                               | Town Uvillage Deity Maduson DK   | // /6 /20 / (Year)                         |
| inda Konopack                    | Low Soul                                   | street: 121) Drake St. City: Madison zip: Wt                                      | Town Willage Madisa  | 11 16/20 <u>11</u><br>(Month) (Day) (Year) |
| Patricia A Hussli                | Patricial Hugh                             | Street: 11 Oak Creek Tr. City: Madison W. Zip: 53717                              | Town Village A SON   | ///6/20(1_(Month) (Day) (Year)             |
| HNDRA L. CORBET                  | - Sanchas Corbell                          | Street: 9 PINTAIL CIRCLE City: MADISON zip: S3717                                 | Town Uvillage City  MANISON  | // //@/201_<br>(Month) (Day) (Year)        |
| ernie Maulbetsc                  | La Bernie maullital                        | cyllidd leton Wi zin53562   | Town   Village   Village | / /6 /20//<br>(Month) (Day) (Year)         |
|                                  |  | Street:  City: Zip:   | □ Town □ Village □ City  | / /20(Month) (Day) (Year)                  |
|                                  |  | Street:   | ☐ Town ☐ Village   | / /20                                      |

(Year)

the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

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|--|------------------------|---|--|--|-------------|--|
| PRINTED NAMES OF ELECTORS  | SIGNATURES OF ELECTORS | STREET & NUMBER OR RURAL ROUTE<br>Rural address must also include box or fire no. | VOTING<br>MUNICIPALITY OF RESIDENCE<br>(Indicate Town, City, or Village) | DATE OF SIGNING                        |             |  |
| Rick WERMAUN   | Helle                  | Street: 2602 MYRTE 57<br>City: MHD 590 Zip: 53704                                 | Town Village City  WULLS   | 11/15/2014<br>(Month) (Day) (Year)     | Email W W C |  |
| William H. McClain   | Wellen H. M. Chy       | street: 303 Lake View Aw<br>city: Lake Mills, WI zip: 53551                       | Town Village City AR MUS   | / /20(Month) (Day) (Year)              | Email Phone |  |
| 3.<br>Cheryl Bowes   | Chayl Roves            | Street: 25 N 7th St<br>City: Madisony Zip: 53704                                  | Town Village Stry  Village   | \(\frac{15/2011}{(Month) (Day) (Year)} | Phone (     |  |
| 4. KEN ZMMEMA  |                        | Street: 32/3 1103/W/ 1/5.   | Town Village City  Carty   | ///5/20//<br>(Month) (Day) (Year)      | Email Phone |  |
| Molly Munnid   | in                     | Street 321 Wisconson Are #5  City: Madisum Zip: 53765                             | Town Village W reuss   | // //5/20/1<br>(Month) (Day) (Year)    | Email Phone |  |
| Hugo Garan   | Nuxtera                | street: 53/2 Trafelger P/ city: Macdison 4 zip: 53714                             | Town Village Village Village   | ///5/20<br>(Month) (Day) (Year)        | Email Phone |  |
| 7. Randi Kubek   | Rani Kur               | Street: 5264 Brandenby Way City: Machin WI Zip: 53718                             | Town Village Mad ST  | (Month) (Day) (Year)                   | Email Phone |  |
| 8.<br>Mark Karls   | Mar Kon                | Street: 5792 Parkview Rd  City: Sun France Zip: 53590                             | □ Town □ Village ☑ City SUM  | // /15/20// (Month) (Day) (Year)       | Email Phone |  |
| " Andrew Discher   | 48                     | Street: 1105 E Mifflin 5t  City: Maclison zip: 53763                              | Town Village City  Madi STM  | 11 /15/2011<br>(Month) (Day) (Year)    | Email Phone |  |
| Eva Shiffinh   | E Shill                | Street: 109 N. 6th St. 53707 City: Madr Son 210:53704                             | Town Village City Madi SVN   | (Month) (Day) (Year)                   | Email Phone |  |
| Eva Synthin  |                        | of Circulator ify): I reside at 10 1 N. 64 St.                                    | madigo   | Municipality)                          | Circulato   |  |

Phone Phone

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To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII. Section 12 of the Wisconsin Constitution and S 9 10 of the Wisconsin Statutes

|  | PURPOSES, WHEN DIFFERENT THAN MUNICIPAL                      |  | VICIPALITY OF RESIDENCE MUST ALWAY:                                      | S BE LISTED.                             |                     |
|--|--|--|--|--|---------------------|
| PRINTED NAMES OF ELECTORS  | SIGNATURES OF ELECTORS                                       | STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.   | VOTING<br>MUNICIPALITY OF RESIDENCE<br>(Indicate Town, City, or Village) | DATE OF SIGNING                          |                     |
| loo: Burmeister-May (  | Jodi Berneistell py  | Street: 2721 MILWAUKEE ST.  City: MADISON, WI Zip: 53704   | Town Uvillage City  MADISON  | // //5/20//<br>(Month) (Day) (Year)      | Ema                 |
| Linda Warren   | duva Warren  | Street: 6315 Storybrock Track  City Sun Prairie Zip: 53540   | Town Village Diction Prairie   | 1/ /15/20_11<br>(Month) (Day) (Year)     | Emai<br>Wa,<br>Phon |
| Jason Herman   | Juse all   | street: 2019 Sherman Are #13 city: Madican Ut zip: 53704   | Town Gillage Detry Madisan   | // /1 6/20<br>(Month) (Day) (Year)       | Ema                 |
| Kevin May  | KelMan   | Street: 2915 St Paul Ave<br>City: Madison Zip: 183704  | Town Village Madisom   | // //6/2011<br>(Month) (Day) (Year)      | Ema                 |
| Jim Muchlenberg  | mMueldunkey.   | Street: 1124 Spaight St<br>City: Madison Wzip: 53703   | Town Village Mad (Son  | (Month) (Day) (Year)                     | Phon                |
| Dave Krych   | Daym   | Street: May 4722 Academy Drive<br>City: Madison zip: 53716   | Town Uvillage A City  A City  A City                                     | 11/16/20                                 | Emai                |
| RICHARD HAGED  | Richard Hagen  | Street: 1206 WIND TRAIL City: MANSON Zip: 53704  | Town Willage MAUSON  | //////////////////////////////////////   | Ema                 |
| RUSSELL MEBANIEL   | Pusell M- Sorul  | Street: 409 W. SoT/<br>City: MASISON WT Zip: 53703   | Town Uvillage Decity  MADISON  | // //6/20 <u>//</u> (Month) (Day) (Year) | Phon                |
| ROBGET MARKS   | Roballas   | Street: 1266 WINN TEAR  - City: MADISON Zip: 53704-  | Town Uvillage ADISON   | 11 /16/2011<br>(Month) (Day) (Year)      | Emai                |
| DONALD FOLDERG   | Donal Jolley   | Street: 2706 MILWAUKES ST<br>City MADISON Zip: 53704   | □ Town □ Village  ☑(City MAD150 N  | // //6 /20//<br>(Month) (Day) (Year)     | Ema                 |
| (Name of Circular ally circulated this recall petition and personally obta | ator) ined each of the signatures on this paper. I know that | of Circulator 78/ MINAUKE ify): I reside at (Circulator's Residence - Street name and the signers are electors of the jurisdiction or district represented by the residences given. I support this recall petition. I am aware that falsifyi | officeholder named in this petition. I know t                            | Municipality) that each person signed    | - C                 |

(Signature of Circulator)

(Day)

(Year)

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

| THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED. |                        |  |  |   |             |  |
|--|------------------------|--|--|---|-------------|--|
| PRINTED NAMES OF ELECTORS  | SIGNATURES OF ELECTORS | STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no. | VOTING<br>MUNICIPALITY OF RESIDENCE<br>(Indicate Town, City, or Village) | DATE OF SIGNING                             | C           |  |
| 1. Tim Beissinger  | in Beisniges           | Street: 2529 E MIFFLIN City: Madison zip: 53704                                | Town Village Facity Madison  | 11/15/2011<br>(Month) (Day) (Year)          | Email Phone |  |
| Indigo Erlenborn   | Indige Walor.          | Street: 34 famell 5+ City: Medison zip: 5370                                   | Town City Made Son   | ///5/2011<br>(Month) (Day) (Year)           | Email Phone |  |
| Richard Schumache  | w Richael Schura       | Street: 708 Scenic CT City Syn Prairie Zip: 53590122                           | Town Syn.  Willage Syn.  City Prairie                                    | // /5/20//<br>(Month) (Day) (Year)          | Email Phone |  |
| Brian St. Arnall   | Bikshy                 | Street: 4940 Siblet In City: Madison Zip: 53714                                | Town Village City  MASA  | 11 /15/20_11<br>(Month) (Day) (Year)        | Email Phone |  |
| Thomas E Rylander  | Ton My                 | Street: 2618 East Lawn Ct City: Madison zip: 53704                             | Unillage Wadison   | (1 /15/20_11<br>(Month) (Day) (Year)        | Email Phone |  |
| 6. James 2 Dacktor   | Solu                   | Street: 418 Lyalysing Ds., City: Madizon zip: 53218                            | D Town Village City  Mad 561   | 11 /15/20 <u>11</u><br>(Month) (Day) (Year) | Email Phone |  |
| Ryan J. Haasl  | My 17thal              | Street: 2742 Moland St.  City: Madison zip: 53764                              | Town Village Madison   | 11/15/2011<br>(Month) (Day) (Year)          | Email Phone |  |
| 8.<br>Gina Ward  | Grahard                | Street: 5214 Summer ridge Dr. City: Madison zip: 53764                         | Down Village Madi Son  | 11 /15/2011<br>(Month) (Day) (Year)         | Email Phone |  |
| "SEREMIE ANDERSON  | Derenie Indeeder       | Street: 523 NORTHPURT DRIVE # 8  City: MAUISON ZID: 53704                      | Town Village City  MADISON   | // //5/20_///<br>(Month) (Day) (Year)       | Phone (     |  |
| SHELTON KINGGADE   | 83                     | Street: 334 Randulph Derve #23  City: MADISON Zip: 53717                       | Town Wadison   | // //5/20 <u>)</u> (Month) (Day) (Year)     | Email Phone |  |
| Jeff Burkhan   | Certification          | of Circulator  fy): I reside at 109 N (th ct                                   | Madison  | 1   | Cinculators |  |

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To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII. Section 12 of the Wisconsin Constitution and S 9 10 of the Wisconsin Statutes

|                           | DESTRUCTION AND S.9.10 OF THE WISCONSIN STATE  FURPOSES, WHEN DIFFERENT THAN MUNICIPALE |  | NICIPALITY OF RESIDENCE MUST ALWAYS                                | BE LISTED.                                   | PO<br>  M            |
|---------------------------|---|--|--|--|----------------------|
| PRINTED NAMES OF ELECTORS | SIGNATURES OF ELECTORS  | STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no. | VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village) | DATE OF SIGNING                              | CC                   |
| 1. JEAN N. SUM!           | Juni Suni   | Street: 3022 Irwington Way City: Madison Wi zip: 53713                         | Town Village City Male   | 11 /1 16 / 20 11 (Month) (Day) (Year)        | Email Phone          |
| Carl Baumann              | Carl Baumann  | Street: 4340 Bagley Plawy City: 142d Son WI zip: 53705                         | Town Uyillage City M2d1509   | // //6/20_//<br>(Month) (Day) (Year)         | Email Phone          |
| Sheryl Henderson          | Short Mikk  | Street: 20 Hentage Ci-   | Town Usillage City Madison   | (   //L /20 <sup>L</sup> / <sub>(Year)</sub> | Phone (              |
| ROBERT STECK              | Robertseek  | Street: 5659 BYRNELAND 31  City: F, TCHBUZG W1' Zip: 537//                     | Town Village FI+CH BUR C   | (Month) (Day) (Year)                         | Phone (              |
| 5-CHARLOTTE STECK         | Charlatte Steek   | Street: 5659 BYRNELAND ST<br>City: FI+CHBURG WIS ZID:53711                     | Town City F1 H2HBURG   | // //6 /20 <u>11</u> (Month) (Day) (Year)    | Phone (              |
| 6.<br>Alexandra Wells     | ap hels   | Street: 2617 Chambellain Ave   | Town Village Madison   | 11/16/2011<br>(Month) (Day) (Year)           | Email Phone          |
| ANGOLA A SPARKS           | And A Sperk   | Street: 2406 UPUMM ST City: MADISON Zip: 53704                                 | Town Utillage City  MANISON  | // /6 /20//<br>(Month) (Day) (Year)          | Email Phone          |
| 8. Alison Eng             | 0.0   | street: 834 SKY Rizige DV  City: Muzism , zip: 5371                            | Town Village Scity  Mudism   | //6/20 <u> /</u><br>(Month) (Day) (Year)     | Email Phone          |
| 9. Kurt Knueger           | My  | Street: 834 Sky Middle Dr.  City: Mad 5 on zip: MM 5376                        | □ Town □ Village  ■ Xcity    Macl. 5511                            | ////4/20//_ (Month) (Day) (Year)             | Email Phone          |
| Rosemary Johnson          | Gosewary Jenson   | Street: 420 N. Social Rd #17/A City: Madrey Zip:                               | Town Village NOCity M (4-15 01)                                    | // //b /2011<br>(Month) (Day) (Year)         | Email Phone          |
| Alex Kalfer               | Certification (   |  | Sha an Dry Sh  | albon  |                      |
| (Name of Circul           |   | (Circulator's Residence - Street name and                                      |  | Aunicinality)                                | Circ <u>ulators,</u> |

Ι, \_ (Name of Circulator) (Circulator's Residence – Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given the paper with full knowledge of its content on the date indicated opposite his or her name. 6 (Signature of Circulator) (Month) (Day) (Year)

Phone

| THE MUNICIPALITY USED FOR MAILING | FURPOSES, WHEN DIFFERENT THAN MUNICIPALI | TY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUN                        | ICIPALITY OF RESIDENCE MUST ALWAYS                                 | S BE LISTED.   |
|-----------------------------------|--|--|--|--|
| PRINTED NAMES OF ELECTORS         | SIGNATURES OF ELECTORS                   | STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no. | VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village) | DATE OF SIGNING  |
| Bonsid Zellars                    | Korn M                                   | Street: 546 Moorland Rd City: Madister Zip: 537/3                              | Town Dillage Madison   | // // /20 <u>( (</u> (Month) (Day) (Year)                  |
| "Celeste Roberts                  | Ulliste Roberts                          | Street: 4302 Cherokee Dr<br>City: Madison zip: 53711                           | Town Village MacUsen   | // //6/20//<br>(Month) (Day) (Year)                        |
| William Wolford                   | Walin Wolfed                             | street: 2326 Rugby Row City: Madison zip: 53726                                | □ Town □ Village    City Madison                                   | 11/16/20 <u>11</u> (Month) (Day) (Year)                    |
| MARLYS NELSON                     | marlyhlan                                | Street: 902 N. High Pant Rd City: McDisgree Zip: 53717                         | Town Utillage OCity  | ////20//<br>(Month) (Day) (Year)                           |
| Deena Brazy                       | DEENSBray                                | Street: 1286 Hickory St.  City: Madra zip: 73715                               | □ Town □ Village □ City   Town □ Village                           | (Month) (Day) (Year)                                       |
| Tray Forler                       | Troffer                                  | Street: 215/ Hwy MM #24 City: Fitchburg WI zip: 53575                          | Town Village Fitch bong  | // // \\ / \ \ / 20 \( \frac{\( l \)}{\( \text{(Year)} \)} |
| Elizabeth Ann Ryan                | Elizabeth Am Rejan                       | Street: 20 Keritage Circle #5 City: Mydison W/ Zip: 53711                      | □ Town □ Village ☑ City   Madistry                                 | // /// 20 <u>1/</u><br>(Month) (Day) (Year)                |
| Lisa J. Fordyce                   | Liva J Fordyce                           | Street: 5009 Woodburn DC<br>City: Madison zip: 537//                           | Town Village Madison   | // // 20 // (Month) (Day) (Year)                           |
| Phyllis Turner<br>10.             | Phyllis Tarmer                           | Street: 2310 K=4=5 AV-C  | Town Village City  12 City   | // // // // // // (Month) (Day) (Year)                     |
| Geoffrey R. Hudson                | Cafrey K. Hudne                          | Street: 415C Council Crest City: Madison zip: 53711                            | Town Village Madison   | it /16/20_1/<br>(Month) (Day) (Year)                       |

| Gertification of Circulator  (Name of Circulator)  I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction of district residence of the content on the date indicated opposite his or her name. I know their respective residences given: I support this recall petition and ware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.    Value of Circulator   (Circulator Municipality)   |             | - (6  |  | Street: 7.5   |                                   | ☐ Village M  | 1 (1 / 16/20 1/ )            | _ |
|--|-------------|---|--|---|-----------------------------------|--|------------------------------|---|
| I, (certify): I reside at (Circulator's Residence - Street name and Number) (Circulator Municipality)  I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition and aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.    Page No. (Official Use Only)   Page No. (Official Use Only)   # 18.44 |             | Geoffrey R. Hudson                                      | Centrey A Midne                                  | chy: Madison  | Zip: 53711                        |  | (Month) (Day) (Year)         | P |
| (Name of Circulator)  I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition and ware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.    Page No. (Official Use Only)  | т           | Alan Ke   | Certif   | 1010  | ~ (v de                           | E. Gold Car  | / Mola                       | 1 |
| the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall political am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.    Value   Page No. (Official Use Only)  | I,<br>I per | rsonally circulated this recall petition and personally | y obtained each of the signatures on this paper. | (Circulator) I know that the signers are electors of the jurisdic | Residence - Street name an        | (Circula<br>e officeholder named in this petition. I k | now that each person signed  | , |
| (NOME) (Day) (Tear) #  | the p       | paper with full knowledge of its content on the date    | indicated opposite his or her name. I know the   | ir respective residences given. I support this recol              | l pelitical am aware that falsify | ring this certification is punishable under            | r S.12.13(3)(a), Wis. Stats. |   |
|  |             | (Month) (Day) (Ye                                       | ear)   | (Signature of Circulator)   |                                   | #  | 1849                         |   |
|  |             |   |  |   | <b>®</b>                          |  |                              |   |

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To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

| THE MUNICIPALITY U                                  | SED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALIT<br>THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS |  |  | Madison, V  |
|---|--|--|--|-------------|
| NAME & SIGNATURES OF ELECTORS                       | STREET & NUMBER OR RURAL ROUTE<br>Rural address must also include box or fire no.                                  | NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)  | DATE OF SIGNING                            | CON         |
| 1. Print: MICHAEL B Cavanop  Stan Michael B Cavanop | Street: 2908 Warnona Way  City: Ma Lison Zipi 53713  | Town   Village   Village   Ma L   SON   (Municipality Name)  | // // 20 <u>1/</u><br>(Month) (Day) (Year) | Phone       |
| 2. Print: James Broesch Sign:                       | street 813 Burbank Pl  city Madrson zip 53705  | Town Styllage City  Shore and Hills  (Municipality Name)   | ///16/20//<br>(Month) (Day) (Year)         | Phone (     |
| 3. Rose M Courville<br>Signs Phonometer             | street 3040 Churchill Dr. Lary Madison Zip 53713   | Town Village Of City (Municipality Name)   | /////20                                    | Phone (     |
| son Jennifer Talarczak<br>ston Jennifer Talarczak   | Street 1727 Van Hise Ave.  | Town   Village   Village | 1 / 6 / 20 L<br>(Month) (Day) (Year)       | Email Phone |
| 5. Print: MICHAEL HANSON Sign: Michael Hanson       | Street 3911 HAMMERSCEN AND Casy MANISON 21pt 53705   | Town Village  Gotty  MANISON  (Municipality Name)  | // //6/20(<br>(Month) (Day) (Year)         | Email Phone |
| · Linda Brazill                                     | Certification of Circulator  | Rd. city of mo   | adisan                                     |             |
| - I I V V T (A   )   (/  / . (   /                  | $\sim 10^{-1}$   | ルコー レグア ひたりん   | 10000000                                   |             |

| ,                         | Brazil<br>ed Name of Circula                      | , (CGI                                   | ify): I reside at 5805 H MILLS (Circulator's Residence – Street Name and  | yRd. C                      | ity of madie (Circulator Municipality)  |       |
|---------------------------|---|--|---|-----------------------------|---|-------|
| personally circulated the | is recall petition and p<br>know that each person | personally obtains<br>a signed the paper | ed each of the signatures on this paper. I know that the signers are el<br>r with full knowledge of its content on the date indicated opposite his<br>mishable under S.12.13(3)(a), Wis. Stats. | lectors of the jurisdiction | or district represented by the officeho | older |
| (Month)                   | (Day)   | /20   (Year)                             | Hiwa Brazia<br>(Signature of Circulator)  |                             | Page No. (Official Use Only) # 1850     |       |

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Committee PO Box 25